

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	2 4	4 5	9 /	
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH M	AONTH DAY	YE AR	26 HOUR	_
	1111		NNTE	RET	GHTLER	SEPTEMBER 2	22 1985		12.10	P
1	3. SEX	4	RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		DER I YEAR	IF UNDER 24 HRS	
r	1	FEMALE	CAUCASIAN	MAR	CH 25,1892°	93	YRS	0413	HOURS MIN.	
1		MARYLAND	U.S.A.	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR BALTIMORE			M	D.
0	10 CI		NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) JEWISH CONVALES	G HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF HOUSEWIFE	N 1:	26 KIND O NDUSTRY	F BUSINESS O	
3	13a S	AL RESIDENCE (IF HURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS / 301 McMECH				
Z	)4 FA	THER'S NAME FIRST  SIMON	DDLE LAST GOODMA	N	15. MOTHER'S MAIDEN NA/ FIRST ETTA	WE		MERV		
2		VAS DECEASED EVER IN U.S. ARM ES. NO OR UNKNOWN) (IF YES, GIVE Y NO	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 214-03-1		MRS. ROSE S.	ACHS 3601 FC	2121	5 NE,AP	T. 808	
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	ane cause per line for (a), (b), and BY: CAUSE (a)	Car	Leac arr	est		SETWEEN C	NATE INTERVAL	_
		Conditions, if ony, which	one cause per line for (a), (b), and BY:  CAUSE (a)  DUE TO, OR AS A CONSEQUE	chi	odertec A	feart Des	100	5	years	
		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF					200	
	NOI	PART 2 OTHER SIGNIFICANT CO	ENDITIONS CONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE DR COND	ITION GIVEN IN	N PART Ico		MAN .
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20b. IF YES, WE IN CERTIFYING YES			
1		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)			
	MEDICAL	2 M INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	19 ARM. ETC 1	RM. ETC.) 211 LOCATION COUNTY STREET CITY OR TOWN COUNTY				STATE	
		220 1 months about (I) (about house	D attacked the deserved from the	675	18 10 80	SLAU	22 10	825		_

should be detached IMPORTANT:

DHMH - 16 60M 7/84 (VRA 15, 4)

23e BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 9/23/85 BP 24 FUNERAL DIRECTOR

226. SIGNATURE

sow the deceased alive on above, (1) (we) (did) (did) and

23c. NAME OF CEMETERY OR CREMATORY PETACH TIKVAH CEM

22e ADDRESS

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTO, MD 21215

ROSEDALE MARYLAND 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE OF SEP 2 4 1985

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (auch opinion death occurred on the date and haur and fram the causes stated

the second of the

23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

23e. BURIAL, CREMATION, REMOVAL

(SPECIFY)

ARKWOOD 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE س سدس دفست سياله والمعالف 72MORISS HARFURD

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

STATE OF MARYLAND

2b HOUR

126 KIND OF BUSINESS OR

Bethlehem

NO [

221 DATE SIGNED

IF UNDER 23 HRS

IF UNDER I YEAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	-	0	1	-
Э.				5
MONTH	DAY	YEAR	26 HOU	?

	1 -	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 3 5	2	4 3	7 7	
1		CEASED NAME FIRST		WIDDLE	ı	AST		MONTH DA	AY YEAR	26 HOUR	-
1	(TYPE	OR PRINT)	cis Clif	ton DENSI	нΔы		September	6. 198	5	12:00 /	11
1	1.5EX		4 RACE	COIL INCHAI	5 DATE C		6. AGE (IN YEARS LAST BIR	RIHDAY) I	F UNDER I YEAR	IF UNDER 24 HRS	-
1		Male	Whit	e	June	16, 1916	69	YRS	ONTHS DAYS	HOURS MIN.	
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D A NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		-
7	C	Maryland	US	A	WIDOWE		Baltimore	County	,	WC	٥.
1	n cn	Rossville	(IF NOT IN SUC	HOSPITAL, NURSI THEACILITY, GIVE STREE NKLIN SQ	T ADDRESS)	or other institution  fospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Motion Picture Operator				
7	II i S	AL RESIDENCE (IF NURS IN THE STATE Md.		GIVE RESIDENCE BEFORE  13c. CITY OR TOV  Bal ti	NN	13d INSIDE CITY LIMITS? YES NO [	13e.STREET ADDRESS 6217 Broo		nue 212	206	_
N	FA	Edwin V.	MIDDLE	enshaw		15. MOTHER'S MAIDEN NAM	WE		Sterb	iT.	
7	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS			
4	(Y	yes no or unknown) UEYES	GIVE WAR OR DATES)	219-07-	9725	Mrs. Doris E	. Renshaw	Same			
9	TION		t conditions <u>c</u>		DEATH BUT	NOT RELATED TO THE TERM			N IN PART 110		=
4	TIFICA	190 DATE OF OPERATION	196. COND	THON FOR WHICH	H OPERATIO	N WAS PERFORMED	YES NOX		ING CAUSES		
	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH	OF INJURY .M. MONTH C .M.	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)U	IRY IN ITEM 18 PAR	RT   ORPART 2)		
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE	FARM ETC }	21f LOCATION STREET	CITY OR TO		COUNTY	STATE	
		22a.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)	spital) attended the september on September of view the body	ne deceased from .  oer 6 19 - ofter death.	85	nd that in (my) (our) opinion (	, to Septembed death occurred on the d	or 6 . 1	and from the		,
		226 SIGNATURE  Zeith  226 PHYSICIAN'S NAME (176	, Pala	au, m	d	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC		9-6	SIGNED ,-85	_
		Keith W.	Parker, M			9000 Frankli	•	21237			
	(	BURIAL, CREMATION, REMOV	Sept.9		NAME OF C		23d LOCATION CITY OR TOWN Baltimo			Md.	
	24. FU	Leonard J. Ru	ick Inc.	Baltimor	e, Mar	broland	E REC'D. BY REGISTRAR				

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

to the first or other and a district

270099

- STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR I. DECEASED NAME

Female

Treland

TO BIRTHPLACE (STATE OR FOREIGN

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

07

MARRIED NEVER MARRIED

5 DATE OF BIRTH

02

WIDOWED

MIDDLE

Caucasion

7h. CITIZEN OF WHAT COUNTRY?

Johanna Margaret Reville

4 RACE

7h HOUR

IF UNDER 1 YEAR

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

Balto. County

20 DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

Sept.

104

1881

DIVORCED [

CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 170. USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Catonsville Meridian Nursing Home Housewife Home USUAL RESIDENCE (IF NURSIN IMME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE

131 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MD Balto. 4223 Euclid Ave., YES X NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE MIDDLE Stafford John O'Neill Ellen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Locust (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 21228 220-30-2344 Mrs. Kathleen W. Smith 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE O wall. Conditions, if ony, which gove rise to immediate couse to), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIL YES 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ and that in (my) (eur) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body after death DEGREE 77c DATE SIGNED STAFF ATTENDING MEDICAL DIRECTOR PHYSICIAN 77e ADDRESS James J. Nolan Mallow Hill Rd. 23a. BURIAL, CREMATION, REMOVAL 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Balto. New Cathedral Citv MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MacNabb Funeral Home was bringson 301 Frederick Rd

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be diwith the Sto

1.00

6009 Harford Rd., Balto., Md. 21214

30 Mag total . It wis the Arts Tilladielle in the track of the control of the control of the Three of a Street M

4. RACE White ACE (STATE OR DUNTRY) and TOWN OF DEATH ELTSVILLE P DENCE (IF IN NUMSING NO 136. CC and Bal.	Sell  S DATE OF BIRTH MONTH DAY  Jan. 4,  7b CITIZEN OF W  U.S.A.  II. NAME OF HO (IF NOT IN SUCH  LIKE  ME OF OTHER INSTITUTION, O	1964 21  /HAT COUNTRY?  SPITAL, NURSING H ACILITY, GIVE STREET ADDR	(IN YEARS IF UND MONTHS YRS.   8 MARRIE WIDOWE	DOORS  DER 1 YR. IF UNDER  DAYS HOURS  D NEVER MARR  D DIVORC	24 HRS. 2c. DEAMIN. PRON D	ATH MATED	9/ 29/	YEAR   75 HOU 1985   YEAR   24 HOU 1985   22 3
Rus  4. RACE  White  ACE (STATE OR DUNTRY)  and TOWN OF DEATH  PETSVILLE P  DENCE (IF IN NURSING RC  13b. CC  Bal	Sell  S DATE OF BIRTH MONTH DAY  Jan. 4,  Th CITIZEN OF W  U.S.A.  II. NAME OF HO (IF NOT IN SUCH F)  WE OR OTHER INSTITUTION, O	S.  YEAR 6 AGE (LAST B)  1964 21  WHAT COUNTRY?  SEPITAL, NURSING H  ACILITY, GIVE STREET ADDR	(IN YEARS IF UND IRTHDAY) MONTHS  YRS.   8 MARRIE WIDOWE	DOORDS DER TYR. IF UNDER DAYS HOURS D NEVER MARR	PROND  1.24 HRS. 2c. D  MIN. PROND  1.50 P	ATH MATED DATE OUNCED EAD	9/ 29/ MONTH DAY 9/ 29/	1985 YEAR 24 HOU 2:31
Rus  4. RACE  White  ACE (STATE OR DUNTRY)  and  TOWN OF DEATH  Ettsville P  DENCE (IF IN NUMSING NO Bal.	Jan. 4,  Jan. 4,  To citizen of w  U.S.A.  II NAME OF HO  (IF NOT IN SUCH F)  TIKE  ME OR OTHER INSTITUTION, C	YEAR LAST BI 1964 21 WHAT COUNTRY?  ISPITAL, NURSING H ACILITY, GIVE STREET ADDR	(IN YEARS IF UND IRTHDAY) MONTHS  YRS.  8 MARRIE WIDOWE	DER TYR. IF UNDER DAYS HOURS  D NEVER MARR D DIVORC	PROND  1.24 HRS. 2c. D  MIN. PROND  1.50 P	ATH MATED DATE OUNCED EAD	9/ 29/ MONTH DAY 9/ 29/	YEAR 24 HOU 12:3
White  ACE (STATE OR DUNTRY)  and TOWN OF DEATH  ELTSVILLE P  DENCE (IF IN NUMSING NO Bal.	Jan. 4, 7b CITIZEN OF W  U.S.A.  II NAME OF HO (IF NOT IN SUCH F  ME)  ME OR OTHER INSTITUTION, C	YEAR LAST BI 1964 21 WHAT COUNTRY?  ISPITAL, NURSING H ACILITY, GIVE STREET ADDR	(IN YEARS IF UND IRTHDAY) MONTHS  YRS.  8 MARRIE WIDOWE	DER TYR. IF UNDER DAYS HOURS  D NEVER MARR D DIVORC	PRON D	OUNCED EAD	9/ 29/	YEAR 24 HOU 12:3
ACE (STATE OR DUNITRY)  and  TOWN OF DEATH  CTTSVILLE P  DENCE (IF IN NURSING HO  13b. CC  and Bal	Jan. 4, 76 CITIZEN OF W  U.S.A.  II. NAME OF HO (IF NOT IN SUCH F  WE OR OTHER INSTITUTION O	1964 21 /HAT COUNTRY?  SPITAL, NURSING H ACILITY, GIVE STREET ADDR	8 MARRIE WIDOWE	D NEVER MARR	IED 🔀 9. BAI	LTIMORE CITY O		19 85 A
and town of DEATH ettsville P DENCE (IF IN NURSING HO 13b. CC and Bal	76 CITIZEN OF W  U.S.A.  II. NAME OF HO  (IF NOT IN SUCH F  ME)  WE OR OTHER INSTITUTION.	HAT COUNTRY?  SPITAL, NURSING H ACILITY, GIVE STREET ADDR	WIDOWE IOME, OR OTHE	DIVORC	IED 🗗			
and town of DEATH ettsville P DENCE (IF IN NURSING NO 136, CO and Bal	II NAME OF HO (IF NOT IN SUCH F  WE OR OTHER HISTITUTION, C	SPITAL, NURSING H	WIDOWE IOME, OR OTHE	DIVORC		1+imoro		
ettsville P DENCE (IF IN NURSING HO 113b. CC and   Bal	Pike (IF NOT IN SUCH F	ACILITY, GIVE STREET ADDR				Baltimore County		
DENCE (IF IN NURSING HO 13b. CC and Bal	ike Me		MECC)	R INSTITUTION		CCUPATION (TYPE	OF WORK 126 KIN	ND OF BUSINESS
and Bal		rryman Mil			Cook	WORKING LIFE)	Manor T	
	UNTY	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET AD	DDRESS	21	131
	timore	Phoeni		YES NO 🛣			ettsvill	e Pike
S NAME ST	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		AST
am	E.	Rhoads		June			Be	
		166. SOCIAL SEC				ADDRESS		
		220-88-4	1733	William E	. Rhoads	- Same	as #13e	
AUSE OF DEATH (Ente	r only one cause per lin						AP BETW	PROXIMATE INTERVAL
		I	Head and	Neck Inj	uries			
5/20		R AS A CONSEQUEN	NCE OF					
gave rise to immediate / (b)								
	DUE TO, O	R AS A CONSEQUEN	NCE OF				1 .21	
	( (c)							
ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4)								
ATE OF OPERATION	Ties COND	ITION FOR WHICH O	OBERATIONINA	S DEBEODATED?			Inc.	
THE OF BEEN HOTE	176. CO140	morrox where	DI EKATION WA	STERI ORMED!				
XTERNAL CAUSE WAS	21b. TIME C	F INJURY	[2]c, HO	W INJURY OCCURRE	D CENTER NATURE C	OF INJURY IN ITEM 18 P		ES 🛛 NO 🗆
RLYING X OR	HOUR A.		YEAR					
					or auto,	duto co	111510N	
NOT WHILE	STREET, FAI						COUNTY	STATE
				_		arrettsv	ille Pik	e, Md.
							d in my opinion	
n resulted from: N	atural couses .	Accident X.	Suicide	Homicide	Undetermine	d monner,		
ACTUAL NOUNTED DO USALO TITLE (SPECIFY)								100/05
ATURE	40.00	L John	M.[	ASSISTAN	MEDICAL E	XAMINER	SIGNED_9	/29/85
INER'S NAME	roarita A	Korell N	M D	DDBESS 11	1 Donn	St		
					CITY OR TOWN	N	Ral to	Md.
		1050		250. DATE				
DE DE DE LE DE LE	CAUSE OF DEATH (Enter PART I DE ATH WAS CALL  CAUSE OF DEATH (Enter PART I DE ATH WAS CALL  Canditions, if ony, what is to immed couse (a) stoting the unitying couse lost.  2 OTHER SIGNIFICANT CONDITION  EXTERNAL CAUSE WAS DERLY ING OR ATRIBUTING OR ATT WORK  INJURY OCCURRED ILE NOT WHILE WORK OTHER TOWNS IN A THORK  120. I certify that I took cloth resulted from: NOT WHILE WORK OTHER TOWNS IN A THORK IN	DECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  CAUSE OF DEATH (Enter only one cause per line part I DEATH WAS CAUSED BY:  (IF YES, GIVE WAR OR DATES)  CAUSE OF DEATH (Enter only one cause per line part I DEATH WAS CAUSED BY:  (IF YES, GIVE WAR OR DATES)  (IF YES, GIVE WAR OR DATES  (IF YES, GIVE WAR OR DATES  (IF YES, GIVE WAR OR DATES  (IF YES, GIVE WAR OR DA	DECEASED EVER IN U.S. ARMED FORCES?  OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I DEATH WAS CAUSED BY:  Canditions, if ony, which gave rise to immediate cause (a)  Conditions, if ony, which your cause lost.  Canditions, if ony, which gave rise to immediate cause (a) stoting the underlying couse lost.  (c)  7 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE OF OPERATION  DATE OF OPERATION  PATEUR OF OPERATION  19b. CONDITION FOR WHICH OF INJURY HOUR A.M. MONTH DAY 12:15 MX 9/29/1  INJURY OCCURRED  INJURY OCCUR	DECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  CONDITION, which gave rise to immediate cause (a)  CONDITIONS of the underlying couse lost.  COULD TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  POTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE  DATE OF OPERATION  PART I DEATH WAS CAUSE OF DEATH 12: 15 Max 9/29/1985  SERLYING OR OR AS A CONSEQUENCE OF  196. CONDITION FOR WHICH OPERATION WAS A CONSEQUENCE OF  197. TIME OF INJURY HOUR A.M. MONTH DAY YEAR SUB-  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  10-2-85  ACCIDENT M.D.  ACCIDENT M.D.  ACCIDENT M.D.  ACCIDENT M.D.  ACCIDENT M.D.  ALD IRECTOR  ALD IRECTOR  ALD IRECTOR  10-2-85  LOGO WORK D.  10-2-85	DECEASED EVER IN U.S. ARMED FORCES? OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  220-88-4733  William E  CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Head and Neck Inj  Canditions, if ony, which gave rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gave rise to immediate cause (a) stoting the underlying couse lost.  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN THE PROPERTY	DECEASED EVER IN U.S. ARMED FORCES?  OR UNKNOWN)  (IF YES, GIVE WAR ORD DATES)  220-88-4733  William E. Rhoads  CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Head and Neck Injuries  Conditions, if ony, which gave rise to immediate couse (a) stoting the underlying couse lost of the transmission of the terminal disease or condition given in part 1 (a).  DUE TO, OR AS A CONSEQUENCE OF  (c)  2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  EXTERNAL CAUSE WAS  DERLYING OR AMMONTH DAY YEAR  STREET, AND WHILE OF INJURY HOUR A.M. MONTH DAY YEAR  12: 15xx 9/29/ 1985 subj. driver of auto.  INJURY OCCURRED  INDIVIDUAL OF INJURY (AT HOME.  STREET, FACTORY, FARRA, ETC.)  NOT WHILE ON THE PLACE OF INJURY (AT HOME.  STREET, FACTORY, FARRA, ETC.)  VALUAL OR ACCIDENT MAD.  ACCIDENT MAD.  ASSISTANT MEDICAL E  WINER'S NAME OF CEMETERY OR CREMATORY  CREMATION, REMOVAL 13b. DATE 13c. NAME OF CEMETERY OR CREMATORY  CREMATION, REMOVAL 13b. DATE 13c. NAME OF CEMETERY OR CREMATORY  CREMATION, REMOVAL 13b. DATE 13c. NAME OF CEMETERY OR CREMATORY  10-2-85  10-2-85  11 Penn (CREMATION)  120-2-85  11 Penn (CREMATION)  120-2-85  11 DOCATION  120-2-85  11 Penn (CREMATION)  120-2-85	DECEASED EVER IN U.S. ARMED FORCES? ON UNRNOWN)    (FYES, GIVE WAR ON DATES)   166. SOCIAL SECURITY NO. 220-88-4733   17. INFORMANT   ADDRESS   220-88-4733   William E. Rhoads - Same    CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)     PART IDEATH WAS CAUSED BY:   Head and Neck Injuries     Canditions, if ony, which   Open to immediate cause (a) storing the under-   DUE TO, OR AS A CONSEQUENCE OF     OUBT O,	DATE OF OPERATION    19

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EMORIES HARFORD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

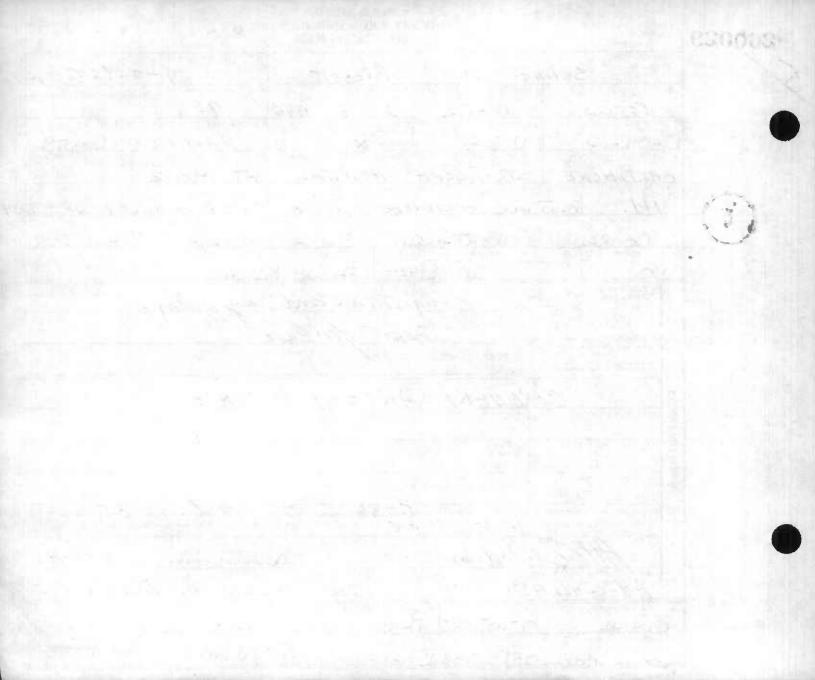
REG. NO

- STATE

REGISTRAR

260029

(VRA 15, 4)



86	1 -	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	FIENE 8 5	2	4 5	0 3	
		EASED NAME FIRST EUGE		MIDDLE		ERSTE IN	SEPTEMBER	25, 1		12:10 A	
3.	SEX	MALE	4 RACE WHITE		SEPT	• 27°, 1912°	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS	
70		THPLACE (STATE OR FOREIGN CZECHOSLOVAKI)		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY OR BALTIMORE			MD.	
(20) 10	) CII	BALTIMORE		HOSPITAL, NURSIN ROLLING R		PT • 6D	12a USUAL OCCUPATIO		126 KIND OF	BUSINESS OR DUNTING	
36	30. S	MARYLAND B	OR OTHER INSTITUTION	BALTIMO		13d. INSIDE CITY LIMITS?	3926 ABBEST	KG RD.	APT.	6D 2120	8
20	FA	THER'S NAME LEO	MIDDLE	RITTERSTE	IN	REGINA	ME		UNKNOW	٧N	
16	a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECU	RITY NO.		IRS. MARTĤA <sup>RE</sup> IG RD. BA			APT. 6D 21208	
of creation or and or other results		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSE MAMED).  Conditions, if any, which gave rise to immediate cause (a), stafing the underlying cause last	DUE TO, O	m etas r as a conseque r as a conseque	TATE NCE OF	e renal (	Carcenon		13r	NATE INTERVAT NISET AND DEATH	
cary injury,	CATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM		20b. IF YES, V	WERE FINDING		
70 400	AL CERTIFIC	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	L AITH	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	YES		NO []	
a payer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TOW	7	COUNTY	STATE	
pr of Heal		22a.1 certify that (1) this has saw the deceased alive abave, (1) (we) (did) (did r 22b SIGNATURE	9125	185 10		, 19 d that in (my) (aur) apinian o	death accurred an the date	e and haur o			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Bachara a				ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AN	9/0	25/85	-
0 E		BARBARA CON	LEY, M.D	•		220 LOCH'S RAVEN	V.A. HOSP.	- BALT	O., MD		

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23b DATE SEPT.26,1985

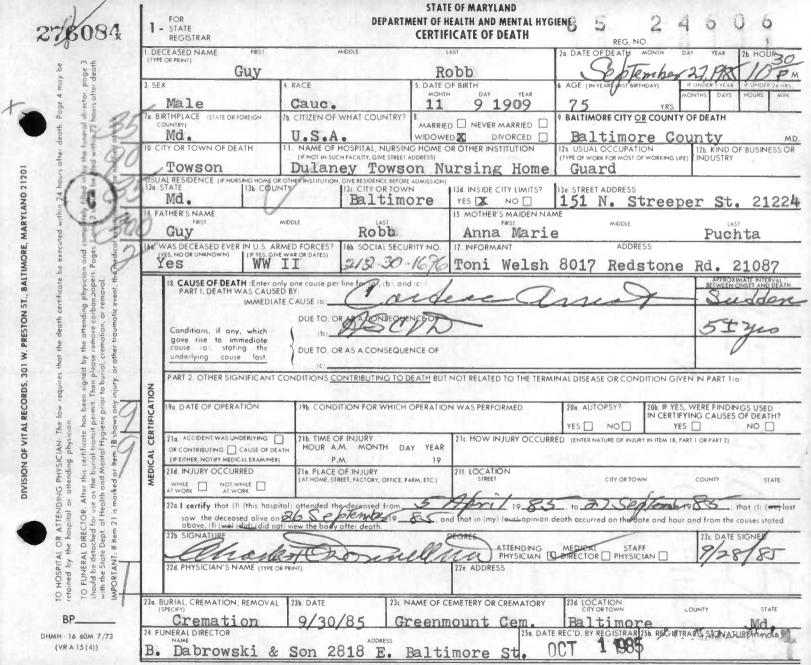
230 NAME OF CEMETERY OR CREMATORY
CHEVRA AHAVAS CHESED

RANDALLSTOWN

BALTO.

MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UUI 1985



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NAME OF THE PARTY OF THE PARTY

13	I DE	FOR 9/24/8: STATE 9/24/8: REGISTRAR	FIRST	M	NIDDLE		ICATE OF DEATH	REG. N		Y YEAR	2b HOUR _
and the second			BERT (	C. ROB	ERTSON				09-11-		1259 <sub>M</sub>
ŧo.	3. SE	× MALE	4.	RACE WHITI	Ε	5 DATE O	17 17 YEAR 05	6 AGE IN YEARS LAST BIR	80 yrs	UNDER I YEAR	IF UNDER 24 HRS.
16	7a. B	IRTHPLACE (STATE OR F	OREIGN 71	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	_		MD
18		ITY OR TOWN OF DEA	TH ?		OSPITAL, NURSII HEACUTY GIVE STREET SEPH HO		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF COMPANIES OF WORK FOR MOST COMPANIES OF MO		INDUSTRY	be business or here
136	USU 13a.	AL RESIDENCE HE NURS	13b COUNT BAL	THER INSTITUTION (	TOWSON		13d. INSIDE CITY LIMITS?	1010 VAL	EW68B	RD «	21204
030		Peter			Robertso		15 MOTHER'S MAIDEN NA FIRST Frances	MIDDLE		Sc	hoenfield
s. Pages e medica		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	166 SOCIAL SECT	3514	Mrs. Cather	ADDRI ine Roberts		ame a	s 13e
e corbonp on, or remo		18 CAUSE OF DEATH PART I. DEATH W	IMMEDIATE	CAUSE (0)		-01			200	土	20 grs
al, crematic		Conditions, if ony, gove rise to imm couse (0), statin underlying couse	nediate g the	(b)	R AS A CONSEQUER AS A CONSEQUER						
mit Then please reminent to burial, crema	ICATION	gove rise to imm couse (a), statin underlying couse	nediate g the last	DUE TO, OR  (c)  DINDITIONS CO	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b IF YES, V	WERE FINDS	
te priar to bunal, crema	AL CERTIFICATION	gove rise to imm couse (o), stolin underlying couse  PART 2 OTHER SIGN  196 DATE OF OPERAT  216. ACCIDENT WAS UND OR CONTRIBUTING C	nediate g the last  NIFICANT CO	DUE TO, OR  (c)  DODITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A.	R AS A CONSEQUENTRIBUTING TO	DEATH BUT		200 AUTOPSY?	206 IF YES, V IN CERTIFYIT YES	WERE FINDI	NGS USED
ol Hygiene prior to buriol, crema III Esta	MEDICAL CERTIFICATION	gove rise to imm couse (o), stolin underlying couse PART 2 OTHER SIGN 190 DATE OF OPERAT	nediate ing the lost  NIFICANT CO  TION  DERLYING	DUE TO, OR  (c)  DODITIONS CO  19b. CONDIT  21b. TIME OF HOUR A.A.  21e. PLACE C	R AS A CONSEQUENTRIBUTING TO  TION FOR WHICH FINJURY M. MONTH D M.	DEATH BUT H OPERATIO	n was performed	200 AUTOPSY?	206 IF YES, V IN CERTIFYIN YES	WERE FINDI	NGS USED S OF DEATH?
it Then please remi iar to burial, crema injury, or ather tr		gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  198 DATE OF OPERAT  218. ACCIDENT WAS UND OR CONTRIBUTING COURT OF COURT O	nediate  19 the  10st  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH  CALEXAMINERT  RED  Ahis hospito  ed olive on	DUE TO, OR  (c)  DODITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.M. P.M.  21e. PLACE C (AT HOME STRE	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH D M.  OF INJURY  BET FACTORY OFFICE.  Be deceased from.	DEATH BUT H OPERATIO  MAY YEAR 19 FARM, E1C )	N WAS PERFORMED  21t HOW INJURY OCCUR	ZOB AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	20% IF YES, VIN CERTIFYIN YES IN TEM 18 PARI	WERE FINDING CAUSES	NGS USED S OF DEATH? NO  STATE
thed for use as the burial-transit permit. Then please remoted for use as the burial-transit permit. Then blurial, crema Dept. of Health and Mental Hygiene prior to burial, crema them 21 is marked as them. Exhaus the injury, or ather to		gove rise to imm couse (o), stolin underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT WHITE MOTHER NOTHY MEDIC  21d. INJURY OCCURR WHITE NOTHY MEDIC  22a.1 certify that Sow the decease above, (1) (we) [c  22b. SIGNATURE	DERLYING CAUSE OF DEATH CALEXAMINERT RED Chis hospito and did (did not)	DUE TO, OR  (c)  DNDITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A.  P.A.  21e. PLACE C (AI HOME STRE	R AS A CONSEQUE  TION FOR WHICH  FINJURY M. MONTH D M.  OF INJURY  BET FACTORY OFFICE.  Be deceased from.	DEATH BUT H OPERATIO  PAY YEAR 19 FARM, ETC.)	211 LOCATION STREET  , 19 50 ad that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [	ZOB AUTOPSY?  YES NO RED (ENTER NATURE OF INJUITY OR TO	20b IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN ITEM 18 PARI	WERE FINDING CAUSES	NGS USED S OF DEATH? NO STATE  That (1) (we) last couses stated
lept of Health and Mental Hygiene prior to burial, crema Hem 21 is marked to Horie II, that the injury, or ather to	MEDICAL	gove rise to imm couse for couse for stating underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING COURT  CITE CITHER NOTHY MEDIC  21d INJURY OCCURE  WHILE NOTHY MEDIC  220.1 certify that Court  Sow the decease above, (1) (we) (1)	DERLYING CALEXAMINERI  CALEXAM	DUE TO, OR  (c)  DNDITIONS CO  198 CONDITIONS  218. TIME OF HOUR A.A.  21e. PLACE C  (A) HOME STRE  (A) HOME ST	ONTRIBUTING TO	DEATH BUT H OPERATIO  PAY YEAR 19 FARM.EIC)	211 LOCATION SIREE1  21 thou in Jury Occur 211 LOCATION SIREE1  21 thou in (my) (our) opinion DEGREE	ZOO AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death occurred on the death occurred occ	20b IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN ITEM 18 PARI	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED S OF DEATH? NO STATE  That (1) (we) last couses stated

ASTY MERSENTE. D. TICK Note Section of State State TOWSON " ST DESERT HOSPITAL \_\_\_ NETTRED TO TOWN or doors of the control of the contr Maria ministration of the control of t telletit. Her. Cabier of Polariss a Time to Estate ref. Educate P. Coarles Total target and the state of t

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	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND I
- STATE	CEDTIFICATE OF I

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

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	REGISTRAR			CERTIF	TCATE OF DEATH	REG. N	ю.	14	34 3
	ECEASED NAME FIRST		MIDDLE	1	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
(IAb	Agnes	Mar	y	Rodge	ers	September	7. 1985		1013 Am
3. SE		4. RACE	- ) - 1	5. DATE C	OF BIRTH	6 AGE   IN YEARS LAST BI		DER I YEAR	
	Female	White		Ma	y 20, 1906 AR	79	YRS	45 DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Czechoslovaki			WIDOW	ED DNORCED				
	Fork	6600 CH	erry Hill	L Road	or other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Ret. Mart	OF WORKING LIFE) [P	NDUSTRY	OF BUSINESS OR
13a	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU		Fork		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 6600 Cher		Rd.	21013
14. F	Wendell	WIDDIE	Lazar		15 MOTHER'S MAIDEN NAM	Agnes		LAS	iT .
160	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES	220-07-19	912	Mr. James W.	Rodgers Jr	. Same		
	Conditions, if ony, which gave rise to immediate cause lat. stating the underlying cause last.   DUE TO, OR AS A CONSEQUENCE OF   DUE TO, OR AS A CONSEQUENCE OF								IMATE INTERVAL ONSET AND DEATH Y M.S
NOI	PART 2 OTHER SIGNIFICANT							V PART TIE	a
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	DN WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211. LOCATION STREET	CITY OF TO	)WN (	COUNTY	STATE
	22a I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	916	19_	F)-0	nd that in (my) (our) opinion	, to	ate and have and		that (I) (we) last causes stated
	226 SIGNATURE LULY	in Ba	en mo		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF	22¢. DATE	SIGNED
	Dr. Ralph Bea	r			22e ADDRESS 1390 Martin		0		
L	Burial, CREMATION, REMOVAL				CEMETERY OR CREMATORY	23d LOCATION CHYOR TOWN Baltimor	`e		Md.
24 F	Leonard J. Ruc	k Inc.	Bal timbre	, Mar	2 2	FP Q 1095	1		-Randelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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March 1907 blown . Dat . Date Land 1116 years 0000 . Date com martin - in MIDE IN THE SCHOOL ST. make the second contract of the second Or, helps hear to the entire two creations and The second of th

the transfer of the last of the contract of th

						STATEC	FMAR	YLAND						
1	1-	FOR STATE				MENT OF HEA			HYGIENE	5	2 4	6	0	0
	1.00	REGISTRAR	FIRST	M	MIDDLE	EXAMINER'	CERT	IFICATE	OF DEATH	REG.			11	- 1
		CEASED NAMI PE OR PRINT)		0 1 0/1/6			2.10	0	20. D	OF ESTI-				26. HO
	3. SE.	v	I.FWI	S. LOUIS			UNDER			ATH MATED	<b>№</b> 8	21 DAY	19 85	
ı				. MONTH DA	YEAR	LAST BIRTHDAY)		AYS HOURS	MIN PROP	DATE NOUNCED DEAD	8		19 85	9:40
1	70 B	Male IRTHPLACE (S	White	76. CITIZEN OF		UTPV2 8			9 84	LTIMORE CITY		21		I P
		REIGN COUNTRY) aryland		U.S	3.		OWED [	NEVER MARI	RIED	ltimore	_			
		ITY OR TOWN		11. NAME OF H	OSPITAL, NU	IRSING HOME, OR			120 USUAL C	CCUPATION (	TYPE OF WORK	12b K	IND OF BU	JSINESS
1	Ra	ndallst	:Own		namon	Ct.				tician			or indust	
	USU			E OR OTHER INSTITUTION.	GIVE RESIDENC		liad II	NSIDE CITY LIMITS?	13e. STREET A	DDRESS				
I		Md.	Ba	lto.		dallstown		NO [		innamor	n Circ	:le	2113	3
1		ATHER'S NAME		MIDDLE		LAST		NOTHER'S MAIL	DEN NAME	MIDDLE			LAST	
1		Charles		М.	Roel			Vellie		C.		ingl	ing	
	160	ES, NO, OR UNKNO	WN)   (IF YES, GI	ARMED FORCES?		CIAL SECURITY NO		FORMANT	1	ADDRE	939	Sou	thrid	lge
1	-	Yes		48-52		-24-4878	M	c. Char.	les Roel	ecke 1	Balto.			
		PART I DE	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Glinshot Wound of head (handquin)									BET	APPROXIMATE TWEEN ONSE	AND DEAT
IMMEDIATE CAUSE (a) Gunshot wound of head (handgun)								-						
BURIAL TRANSIT AND MENTAL HY ATION, OR REMO		Condition	ns, if ony, which		JR AS A COI	N2EQUENCE OF								
		gove rise to immediate  (b)  DUE TO, OR AS A CONSEQUENCE OF										-		
		lying cou		DUE TO, C	OR AS A COI	NSEQUENCE OF								
		PART 2 OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTING TO DEA	TH PILT NOT PEL	ATEN TO THE TERMINAL D	EACE OR CO	NEITION CIVEN IN B	1407.1					
	Z			NO CONTRIBUTION TO UEX	OU NOT KEE	ATEO TO THE TERMINAL D	SEASE OR CO	NUITION GIVEN IN P	AKI I IQI.					
	CERTIFICATION	19a, DATE OF	OPERATION	196. CONI	OITION FOR	WHICH OPERATIO	WAS PE	RFORMED?				20	AUTOPSY	>
	I	100										H∈	AUTOPSY:	$nly_{NO}$
			L CAUSE WAS		OF INJURY	DAY YEAR 21	HOW IN	JURY OCCURR	RED LENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR P			
	MEDICAL		NG CAUSE O	F DEATH ? P	м. 8-21	1- 1985 8		inflict	ced.					
	9	21d INJURY C		STREET FA	CTORY, FARM, I		LOCATIO	N	CITY	OR TOWN		OLINTY	14 50	STATE
	2	AT WORK	NOT WHILE AT WORK	to .	ome	1!		namon C	t., Ran				o.,	MD
		22a. I certif	fy that I to all this	irge of the removal	ewibed abo	The held on A	ad R	nly Inspection	an , Inc	uiry .	and in my o	pinion		
		deoth result		turficoures . 1	A Accident	Suicide		Homicide .	Undetermin		],			
deoth resulted from: Natural courses														
O MEDICAL EXAMINER: T GECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM O FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST ALITIMORE, MARYLAND, 2			SIGNATURE ACTUAL SIGNATURE DATE SIGNED,									ED E	8-22-	85
	1	EXAMINER'S	NIAME .	V		1								
		(TYPE OR PRIN	AT)TNO	omas D. Sm	ith, M	4.D.	ADDR	ESS_111 P	Penn St.	, BAlto	., MD	21	1201	
	23a.B	URIAL, CREMA	TION, REMOVAL	23b DATE	23с.	NAME OF CEMETER	Y OR CRE	MATORY	23d LOCATI CITY OR TOV	ON	co	UNTY	51	ATE
	24 5	Re UNERAL DIREC	moval	8/28/85				lar- D - ==	DECID DUE	and the last and		21011		
	29.1	NAME		ADDRE					REC'D. BY REGI	STRAR 256 RE		SIGNAT		6
		An	atomy Bo	oard	В	alto., Mo		SEP	J. (.) 746	9 guil	WANTA	The same of		

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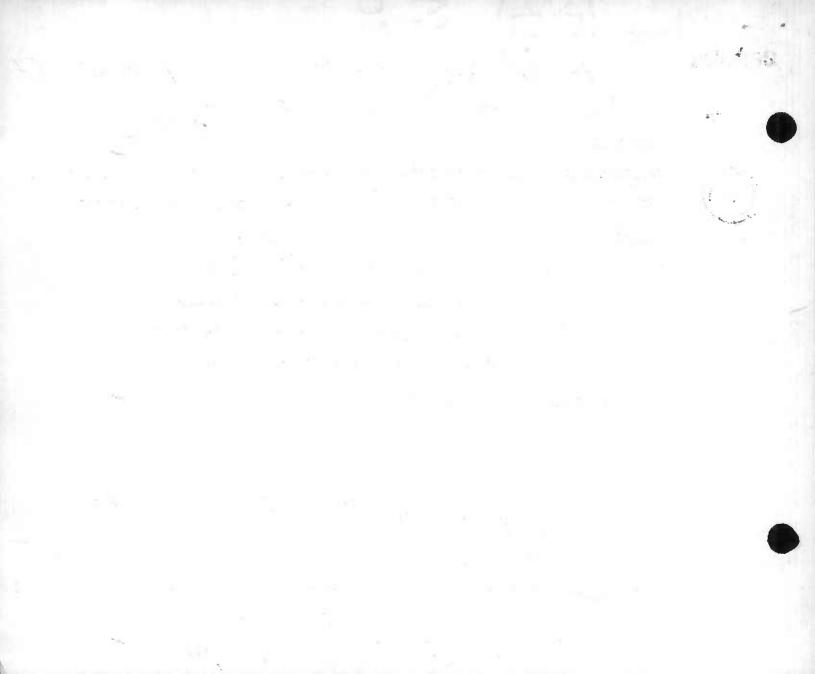
JO NOISIAIC

WILLIAM E. JOHNSON8521 LOCH RAVEN

SEP 3

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAL BEAUTY

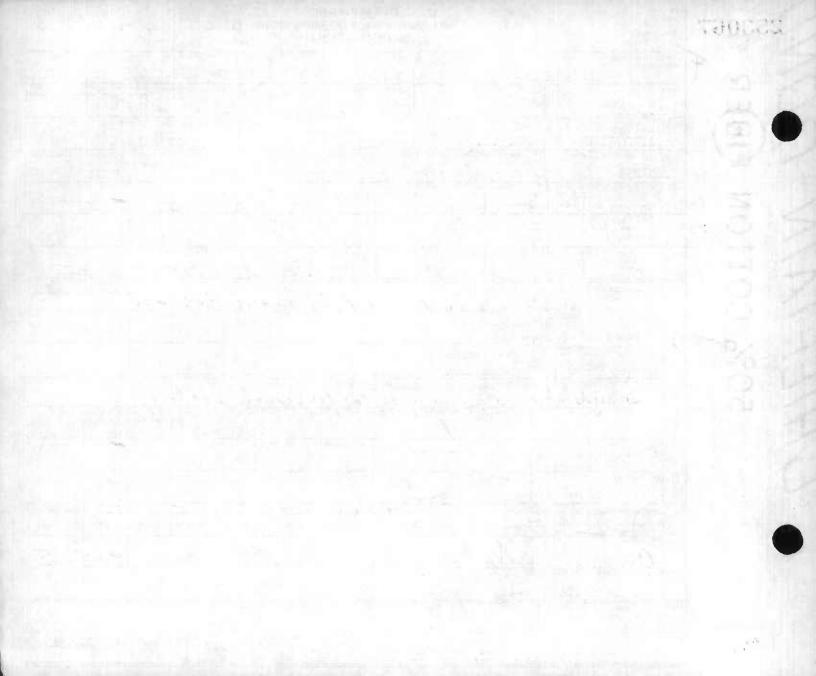
	1 -	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	4516
028		CEASED NAME FIRST HORE	HAROLD AYMAN	RE	ROSEN	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
to al	3. SE	' MALE	4 RACE WHITE	S. DATE O	PERTH DAY 3 YEAR 2	6 AGE (IN YEARS LAST BIRTHDAY)  67 YRS	
140		RTHPLACE (STATE OR FOREIGN COUNTRY)  NEW YORK	7b. CITIZEN OF WHAT COUNTRY?  USA	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY <u>OR</u> COUN BALT IMORE	
5	F	ANDALLSTOWN	11. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCHEACILITY, GIVE STREET BALTIMORE COU!	NTY GE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CHEMIST	126 KIND OF BUSINES INDUSTRY  U.S. GOV
AB.	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN BALL	OTHER INSTITUTION GIVE RESIDENCE BEFORE BY ON TOW BALTIMOT	/N 1	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CO 3405 MERLE DE	
mplet ond 2	M.F.	THER'S NAME FIRST ISADORE	ROSEN		15. MOTHER'S MAIDEN NAM	AE MIDDLE MINOWN	LAST
Page .	(	VAS DECEASED EVER IN U.S. AR/ (155, NO OR UNKNOWN) (IF YES, GIVE)  (15) WWII	E WAR OR DATES]		<sup>17</sup> INFORMANMRS. G 3405 MERLE		
physicar inpapers- imavel.		PART I. DEATH WAS CAUSE	olly ane cause per line far (a), (b), on D BY: TE CAUSE (a) CAPO!		SPIRATONY	Arrest	APPROXIMATE INTERV BETWEEN ONSET AND D
gned by the offi in please remave burial, cremotia ry, or ather trau		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUIA  DUE TO, OR AS A CONSEQUIA  A ORTER  CONDITIONS CONTRIBUTING TO	ENCE OF	osis & RE	MAL DISEASE OR CONDITION C	
has been significant to be a prior to be a p	CERTIFICATION	190 DATE OF OPERATION	AZZESTY 7		N WAS PERFORMED	IN CER	YES, WERE FINDINGS USED IT IF YING CAUSES OF DEATH YES NO
certificate		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		ED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART?)
ter this is the bu h and M rked in	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
RECTOK: A ed for use o pt. of Healt em 21 is ma		saw the deceased alive an	tol) oftended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		d that in (my) (our) opinion o	eath occurred an the date and h	19, that (I) (we nour and from the causes state
Stort Per	-	22d PHYSICIAN'S NAME (TYPE O	IR PRINT)		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9-20
MPORTAN	23o	GALANDO B		NAME OF C	BCGH -	RANDALIS TO	wh and 21
	1	BURIAL	9-22-85 MO	segoma	ONTEFTORE CO	NG BALTIMORE	COUNTY STA
6 50M 4/B3 15, 4)	74 F	NAME REISTERSTON	EVINSON & BROS., WN RD., BALTO.,	INC. MD 21		EP 2 4 1985	STRAR'S SIGNATURE



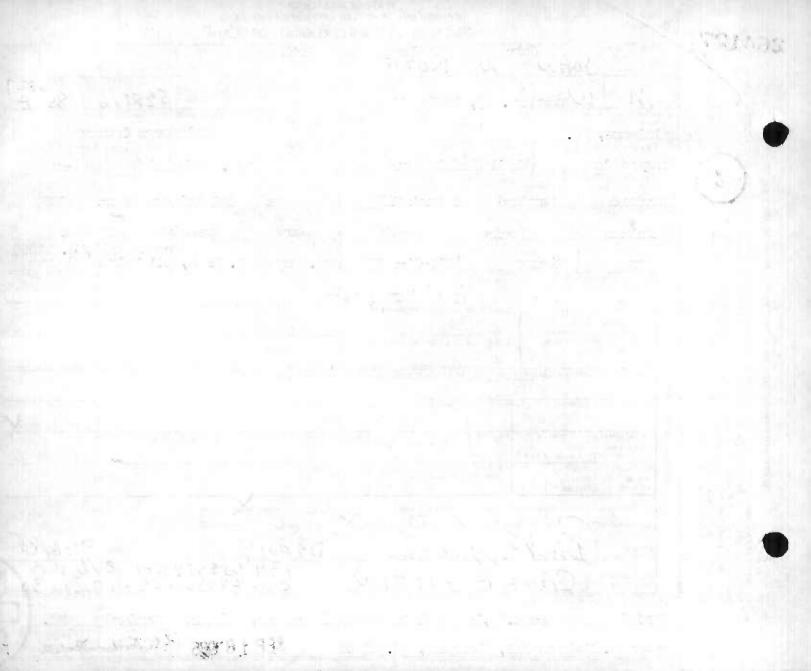
the sam Inge 4 may be	in the death	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executing within 24 hours after a still Tude 4 may be executed by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled that the contribution is should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 find the field in the start Dept of Health and Mental Hygiene prior to buriol, cremation, or removal. MNADRIANT, if them 21 is marked or them 18 shows ony injury, or other traumatic event, the medical	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

253067	1.	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 2 4 0 1 3									
200001	1	STATE REGISTRAR					ICATE OF DEATH				
1		CEASED NAME	FIRST		MIDDLE	JULIU .	AST	20. DATE OF DEATH		YEAR 26 HOUR	
be death	(TYP	(TYPE OR PRINT) ELIZABI		ETH ROSE		R	OSS	SEPTEMBER	5, 1985	7:20A M	
mod bo	3 SE	SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR			
A		FEMALE		WHITE		JUNE	19, 1900 TEAR	85	YRS	DAYS HOURS MIN.	
(1)	PENNSYLVANIA  IO. CITY OR TOWN OF DEATH  ARBUTUS			U.S.A.   WIDOW   11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   5602 HUNTSMOOR ROA		Y? 8	D NEVER MARRIED	9 BALTIMORE COUNTY  BALTIMORE COUNTY  MD.  120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
						WIDOW					
1/2//							OR OTHER INSTITUTION				
33 000						D 21227	HOMEMAKER SELF				
4 44 46		STATE 136 COUN		OTHER INSTITUTION, GIVE RESIDENCE BEFORE			13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
		ALAN TAKEN AND AND AND AND AND AND AND AND AND AN		IMORE ARBUTUS			YES NOXX			21227	
1 10 18	PLE	ATHER'S NAME FIRST	A	MIDDLE			15 MOTHER'S MAIDEN NAME FIRST MIDDLE		LAST		
3 83000		JOHN	MATTES			ROSE		STATE OF			
n and co		(YES NO OR UNKNOWN) (IF YES, GIV		/E WAR OR DATES)			17 INFORMANT	ADDR			
0 00		NO			B00-24-8	3402	JAMES L. ROS	SS 5602 HUNT			
uires that the death certificate igned by the attending physicien please remove cabangapet burial, cremation, ar removal.		18 CAUSE OF DEATH lEnter only one couse per line for igi, (b), and ici.									
	137	IMMEDIATE CAUSE 10) WILLIAM COLLUTATOR REACT CLISE 10)									
		DUE TO, OR AS A CONSEQUENCE OF									
	100	Conditions, if any, which gove rise to immediate									
	3	couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF									
	13	underlying couse lost (c)									
	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
The The	5	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1206. IF YES,							Tan 15 VEC WEEK	Financia	
as been bernit he prio	CERTIFICATION	I 190 DATE OF OPERATION		170 CONDITION FOR WHICH			N WAS PERFORMED	200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		AUSES OF DEATH?	
The te h	RT	21a ACCIDENT WAS UN	DEBLYING F	211 71445	OF INJURY		Tal. How multipy occur	YES NO	YES 🗌	NO 🗌	
7 2 2 2 2 7		OR CONTRIBUTING		110110	A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORP	ART 2)	
Sic on a single of the single	MEDICAL	(IF EITHER NOTIFY MEDI			P.M.	19	100 100 1 TON				
offendi offer this so the bu	MED	WHILE NOT WE AT WORK	HILE []		E OF INJURY TREET FACTORY, OFFICE	E FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUR	NTY STATE	
OR ATTENDIN re hospital or DIRECTOR: At orched for use a Dept of Health		229 certify that (1) (this hospital) attended the deceased from 4 - 16 , 19 75, to 9 - 5 , 19 85 that the (we) lost									
		sow the deceased alive an 9-3-85 19-55, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (I) (me) (shall (did not) view the body after death									
		27b SIGNATURE DEGREE							220.	DATE SIGNED	
AL Date Deto Deto Deto Deto Deto Deto Deto De		Hellerener alla par In A						ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1965)			
TO HOSPITAL ( TO FUNERAL ( should be deto with the Store [ IMPORTANT: If	1	22d. PHYSICIAN'S N.	PRINT)	1	22e ADDRESS						
		DR. LAWRE	ALLAGEF	?	ST. AGNES MEDICAL CENTER						
Open of Mark Mark	230	BURIAL, CREMATION,	REMOVAL	EMOVAL 236 DATE 2			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY			
BP		BURIAL		SEPT 9,1985 NEW C		NEW CA	THEDRAL	BALTIMOF		MARYLAN	
DHMH - 16 60M 7/B4		UNERAL DIRECTOR			ADDRESS		21229 25g DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SI	GNATURE 02	
(VRA 15, 4)	HU	BBARD FUNE	CRAL HO	OME, IN	IC. 4107	WILKEN	S AVENUE SE	F 6 1985	who buydon	To-Mo. House	



					MARYLAND			
	1-	FOR SCHOOL STREET		PARTMENT OF HEAL CAL EXAMINER'S	TH AND MENTAL HYO	DEATH REG.	2 4 6 1	4
64127		EASED NAME FIRST	John "	Roth	Roth	20. DATE KNOWN OF ESTI- DEATH MATED		AR Zb HOUI
HANNE SERVICE		M White	Nov. 29, 1	947 37 YRS.	UNDER 1 YR. IF UNDER 24 INTHS DAYS HOURS M RRIED X NEVER MARRIED	PRONOUNCED SE DEAD SE DE DEAD SE DE	EPTIS 198	15 A
	H.C	timore, Md.		AL, NURSING HOME, OR C		Baltimo:  USUAL OCCUPATION (1 FOR MOST OF WORKING (1FE)  Lab. Technici	OR INDI	USTRY
ATER DEATH, If AND 31 NE AND 31 NE AND 32 SOLD SION OF UTAL SOLD OF UT	Ma 14 F	THEIR'S NAME  Walter  VAS DECEASED EVER IN U.S. AR  S, NO, OR UNKNOWN)   (IF YES, GIVI	MIDULE  LOUIS  RMED FORCES?	ESIDENCE BEFORE ADMISSION) 3. CITY OR TOWN Porest Hill  LAST Roth 66. SOCIAL SECURITY NO. 217–50–0679	YES NO NO NO NO NOTICE NO NOTHER'S MAIDEN	241 Melrose 241 Melrose NAME Evanglyn Fore L. Roth, 241	Warehime	
EXECUTED WITHIN 24 HOUR, ING. IN PENCIL IN 1TEM 18. 101CAL EXAMINER ALCONG WAS BLIRIAL TRANSIT PERMIT. H AND MENTAL HYGISPE. DIMATION OR REMOVAL.	7	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a) stoting the under lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	DED BY:  ATE CAUSE (o)  DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	A CONSEQUENCE OF		10	BETWEEN C	MATE INTERVAL INSET AND DEATH
HOULD BE HOULD BE USED AS OF HEAL	PECATIO	190. DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTO	1
WRITING THE WO ARDED TO THE C AGE 3 SHOULD BE THE DEPARTMENT TO THE PRIGHT DEL	MEDICAL CERT	710. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJÜRY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH P.M.	AONTH DAY YEAR  19 INJURY (ATHOME, 211.	HOW INJURY OCCURRED  LOCATION  STREET	CENTER MATURE OF INJURY IN ITEM	16 PART 1 OR PART 2)  COUNTY	STATE
MEDICAL EXAMINER: 1 UJE THE CERTIFICATE, E. A SHOULD BE FORM BINERAL DIRECTOR: P FR GEATH, WITH THE ST TINORE, MARYLAND, 2	-	22a. I certify that I took char death resulted from: Nature ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT)		cident , Suicide	Homicide	Inquiry Undetermined monner  MEDICAL EXAMINER  LU ESTER  KEY\	DATE 9/1	6/85
PAGE PAGE 10 A FIT	- (	JRIAL, CREMATION, REMOVAL		234 NAME OF CEMETER		23d LOCATION CITY OF TOWN	county larford N	STATE
DHMH - 17 (VR A15 ME (5))	24 F	INERAL DIRECTOR NAME Ward K. McComas	ADDRESS		250. DATE REC	C'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE	
20M 4/82								



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

	2	4	0	5
				- 21
Ο.				

(TA)	ECEASED NAME PE OR PRINT)	FIRST		WIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	25 HOUR
		Harry			RC	)WLES		September	22.	1985	1:30 P
3. St	Male		4 RACE White		5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONINS DATS	HOURS MIN
7a. E	BIRTHPLACE   STATE OR COUNTRY)  Maryla		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DIVORO	RIED 🛄	Baltimore city	OR COUNT		
/ E	Rossville	ATH	11. NAME OF (IF NOT IN SUC Frank	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A <b>lin Squar</b>	G HOME O	R OTHER INSTITUT	TION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	ION	126 KIND LIFE) INDUSTRY	of BUSINESS O
130.	JAL RESIDENCE (IF NUR: STATE Md.	136 COUN Bal	TY	13t. CITY OR TOWN Rosedal			**	13e STREET ADDRESS 1217 Gett			7
4. F	ATHER'S NAME FIRST Milton	٨	MIDDIE	Rowles		15 MOTHER'S MA		E MIDDLE	Th	hamert	AST
	WAS DECEASED EVER (YES. NO OR UNKNOWN) YES		WAR OR DATES	218-22-4		17 INFORMANT Amelia R	Rowles	addr 1217 Get		d. 2123	7
Z	gave rise to im couse (a), statiunderlying couse	ng the e last.	( (c)	R AS A CONSEQUE		NOT RELATED TO 1	THE TERMIN	NAL DISEASE OR COM	NDITION G	IVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORME	D	200 AUTOPSY? YES NO Y	IN CERT	ES, WERE FIND IFYING CAUSE YES	
EDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEA	TH HOUR A		Y YEAR	21c. HOW INJURY	Y OCCURRE	D (ENTER NATURE OF IN)	ury in item 18	PART I OR PART 2)	
WED	21d. INJURY OCCUR	RED HILE D		OF INJURY REET, FACTORY OFFICE FA	ARM. ETC )	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
									-		
	22a. I certify that (I) saw the deceas above, (I) (***) (	ed alive an	me (	de deceased from 19 8			9 4 2 Copinion de	eath accurred on	date and ho	19 6 3	
	22a. I certify that (I) saw the deceas	ed alive and did (did not	I de	19.8		DEGREE		MEDICAL STA	1000	19 0 sour and from the	that (II (we) lose couses stated

DHMH - 16 60M 7/84

(VRA 15, 4)

(SPECIFY) Burial 9/25/85

Connelly Funeral Home 300 Mace Ave. 21221

24 FUNERAL DIRECTOR

Gardens of Faith

Balto. Md.

- (g

I have come to to fee her

		STATE	OF MARYLAND		
260131	FOR STATE		EALTH AND MENTAL HYG	IENES 5	24016
NOULUL	REGISTRAR	CERTIFI	ICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	MIDDLE	AS1	20. DATE OF DEATH . MON	TH DAY YEAR 26 HOUR
nay be page 3	(TYPE OR PRINT) ELBE	PT KVIF RU	BLE	SEPT.	3 1985
y pag	3. SEX	4 RACE 5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 n ector.	MALE	WHITE MONTH	25 1913	72	YRS. MONTHS DAYS HOURS MIN.
a 52	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR C	
to see to	VIRGINIA	U.S.A WIDOWE		· BALTI	MORE COUNTYND.
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR INDUSTRY
of the solution	CATONSVILLE	504 NEWBURG A	VE.	SAles	Chemical
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours in a completely filled in by the this certificate has been signed by the offending there is completely filled in by as the burial-transit permit. Then please remove carrier page.  In and Aberial Hygiene prior to burial, cremation, or minimal in and a shows any injury, or other traumorier event in medical examiner registed or them.	USUAL RESIDENCE (IENURSING HO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		LA CENTET APPREC / 71	ainad
Z Z I Z Z Z I Z Z Z Z Z Z Z Z Z Z Z Z Z		ALTIHORE CATONSVILLE	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZI	
Pi pi	14. FATHER'S NAME	ACTIMORE ICHTONSVICES	15. MOTHER'S MAIDEN NA/		6 AVL
AR with	FIRST	MIDDLE PLANT	FIRST	WIDDLE	LANGER
¥ 10 E 1	ELBERT 160 WAS DECEASED EVER IN U.S	RUBLE  ARMED FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	WALKER
OR .		S, GIVE WAR OR DATES)		504	NEWBURE AVE
2 2 X	NO	213-16-9953	CLAIRE RUBLE	CATO	NSVILLE, Md.
BAI of BAI	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one cause per line for (a), (b), and (c).)	1 = 1	An	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E 1 1997		DIATE CAUSE 10) METASTATIC	HANC CEXIL	P D HAR	65
ON G		DUE TO, OR AS A CONSEQUENCE OF	ELL UNDIF	PEREUTIATE!	( A
STC leath	Conditions, if any, which				
PRE o he o mot mot r tro	gave rise to immediat	e			
W. ort to other	underlying cause las				Name of the Addition of the
201 pled priol	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITI	ON GIVEN IN PART I I G
pos.		50	The second of the second	a constant	
Trior ny ir	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20g AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
Series to Series	7				CERTIFYING CAUSES OF DEATH?
VITAL  N: The cote h consit gasho.	210. ACCIDENT WAS UNDERLYIN	G   216. TIME OF INJURY	1212 HOW IN HIP OCCUP	YES NO NO NO NEED (ENTER NATURE OF INJURY IN	YES NO
S S S S S S S S S S S S S S S S S S S	OD CONTRIBUTION CALLED	LIGHT AND MONTH BAY WEAR	ZICTIOW INJORY OCCORP	CED (ENIEK NATURE OF INJURY IN	TEM 16 PART   OKPART 2}
SICIA ng ph ng ph riol-tr	S (JE-FHHER NOTIFY MEDICAL EXA	MINER) P.M. 19			
PHY SHY	(JE-EMPHER NOTIFY MEDICAL EXA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
IVIS JG F other ter t s thus s thus on on rkeg	ALMORY D ALMON	V \ M.	0	- 4	h
D or See of the soulth	Us.1 certify thor (ti) (this	nate VV attended the decembed from	CH 10 19 80	L. 10 DEPTEMP	19 80_, that (II () e) lost
TEN Intel TOR 1 is	saw phonincopsedum	19 85, on	nd that in (my) (our) opinion o	death occurred on the date	and hour and from the causes stated
A A A A A A A A A A A A A A A A A A A	NZE SIGNATURE	d hot here the body after depth.	DEGREE		224. DATE SIGNED
T T T	VX MON	A VACA I	ATTENDING \	MEDICAL STAFF	10 19/4/85
ERA ERA	220 PHYSICIAN'S NAME (	SI XICOLINA		1	1117100
HOSPITA ned by FUNERA vid be de on the Stot	Diana H. G		900 Caton A	venue	
TO HOSPITAL	22010 11. 03	1. 90	Baltimore,		
F	23d. BURIAL, CREMATION, REMO		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE A
BP	BURIAL		DeAcY	BEALLSVILLE	
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	22111 BEALLSVILL		E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	ALLA HILTON)	RAPHIEC VILLE A		- worth 1	a. Knishma-Randalolo

ELBERT - KYLEL WITH-UNGA A A SAN CATONSPILLE 1 SOF MER'ELLE ALCOM Tiles Chemical AMERICAND BENEFIT CATENSHILLE IN THE LEGY MEDICURE ARE APPLE STATE NORA ELGERTE. ALL BENDER FOR OA MIT - IN THE STATE RUBLE John Brown Land THE REAL WEST CONTRACTOR OF THE PARTY OF THE 5513 \*\* ( 50.0 PACITY HEL VERBOURN CENT TEMILE MEETINGE LI A tout Dec 31 125 Janes MEDIN OW

06	1-	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG. NO	2	4 6	1 /
00		CEASED NAME	FIRST		DOLE	6	AST .	THE DATE OF DEATH	MONTH (	DAY YEAR	2b. HOUR
			ohh	Ada	m	1	UPP	9/1/85			3.00
	3. SEX	Male	4. F	RACE //h	ite	S. DATE C		4. AGE/INVEATS LAST BIRT		MONTHS DAYS	MOURS MIN
35	C	RTHPLACE (STATE OR F OUNTRY) Maryland	FOREIGN 7b.	CITIZEN OF WI	HAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	9 BALTIMORECITY O	COUNTY	-	٨
19		TY OR TOWN OF DEA	ATH 11	NAME OF HO MAROESUCE	THE PERSON NAMED IN COLUMN 1	1	OR OTHER INSTITUTION	120 USUAL OCCUPATION		E) INDUSTRY	F BUSINESS O
36	USUA	A NO COA A RESIDENCE IF NORS TATE Aryland	ING HOME OR OTH	ER INSTITUTION GI	VE RESIDENCE BEFORE  3. CITY OR TOW  BAITIMOT	DM SION	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2858 Lake		212	
		THER'S NAME	MIDE E	DIE	Rupp		15. MOTHER'S MAIDEN NO.  Catherine			Fuchs	
he medico	(4	(AS DECEASED EVER ES, NO OR UNKNOWN) YES 18 CAUSE OF DEAT	WW I	AR OR DATES)	66 SOCIAL SECU 705-03-3	725	George Rup	ADDRE D Sr 5614 Fr		rd Ave	21200
0 0		gove rise to imm couse (o), statin	g the	DUE TO, OR	AS A CONSEQUE		-un anaim	pascula			
any injury, or other	CATION	couse (o), statin underlying couse	og the lost	(c)	ITRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TER.	<i></i>	DITION GIV	EN IN PART 1 o	GS USED
9	TIFICATION	couse (o), statin underlying couse PART 2 OTHER SIGN	og the lost	(c)	ITRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIV	EN IN PART 1 0	GS USED
em 18 shows ony if	MEDICAL CERTIFICATION	PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNE OR CONTRIBUTING CITY MEDIT  21d. INJURY OCCURI	NIFICANT CONTION  DERLYING CAUSE OF DEATH CALEXAMINER)	19b. CONDITI  21b. TIME OF HOUR A.M. P.M. 210. PLACE OF	ON FOR WHICH INJURY MONTH DA	OPERATION  AY YEAR  19	NOT RELATED TO THE TER.	MINAL DISEASE OR CONT	20b. IF YES IN CERTIF YES	EN IN PART 1 0	GS USED OF DEATH?
Dept. of Health and Mental Hy I Hem 21 is morked at Hem 18		PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDI	NIFICANT CON  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  (this hospital)  ed olive on ed	19b. CONDITI  19b. CONDITI  21b. TIME OF HOUR A.M. P.M.  21e. PLACE OI 1AT HOME STREE	ON FOR WHICH INJURY MONTH DA FINJURY T, FACTORY, OFFICE, F	OPERATIO  AY YEAR  19  ARM.ETC)	NOT RELATED TO THE TER.  IN WAS PERFORMED  21c. HOW INJURY OCCUI  21f. LOCATION STREET  19  10  10  10  10  10  10  10  10  10	200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TO	20b. IF YES IN CERTIFY YES	EN IN PART 1 o	GS USED OF DEATH? NO STATE
Hera 18 shows any in		PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNE OR CONTRIBUTING COURT  (IF ETHER NOTHY MEDIC  21d. INJURY OCCUR!  WHILE NOT WHAT WO  22a. I certify that (1) sow the deceose obove, (1) (we) (c)	TION  DERLYING	19b. CONDITIONS CON 19b. CONDITI 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI 1AT HOME STREE	ON FOR WHICH INJURY MONTH DA FINJURY T. FACTORY, OFFICE, F	OPERATION OPERATION AY YEAR 19 ARM.ETC.)	216. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  122. ADDRESS	206. AUTOPSY?  YES NO RED (ENTER NATURE OF INJUST  CITY OR TO  MEDICAL STAF  MEDICAL PHYSIC  A CONTROL OF TOP	20b. IF YES IN CERTIFY YES	EN IN PART 1 o	GS USED OF DEATH? NO STATE

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	SIENE 8 5	2	4	6	19
		CEASED NAME FI	RST A	IDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
		J	OSEPH	3	SA	WCZENKO			9	17	85	1:10P M
	1.SEX	Male	4. RACE	ite	5. DATE C		YEAR 26	6 AGE (IN YEARS LAST 8	RTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS
2	C	RTHPLACE   STATE OR FORE	IGN 76. CITIZEN OF V	VHAT COUNTRY?		D NEVER MA	RRIED 🗆	9 BALTIMORE CITY	OR COUNT		ATH	
		Pennsylvania TY OR TOWN OF DEATH		A. OSPITAL NURSIN	WIDOWE		DRCED	Baltimo:		_	VIND O	F BUSINESS OR
X	1	Catonsville	70 Me	lor Avent	ue	OTHER INSTIT	UHON	Type of work for most Eng. Ass	OF WORKING	LIFE) IND	USTRY (	C & P.
3	13a S	AL RESIDENCE (IF NURSING TATE 13b		13c CITY OR TOWI	N	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS			2122	8
3/		THER'S NAME	WIDDIE	LAST			128				LAST	edski
1		Nicholas VAS DECEASED EVER IN 1 (15, NO OR UNKNOWN)  YES	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	Sawcze: 166 SOCIAL SECUI 207-18-	RITY NO.	Mai 17 INFORMAN	Ť	czenko 70				21228
		Conditions, if ony, wi gave rise to immed couse (0), stoting underlying couse	CAUSED BY MEDIATE CAUSE (a)  DUE TO, OF hich (b)	Cardea -  AS ACONSEQUE REPORTE  AS A CONSEQUE M clarkan	NCE OF ALL	leve to co			ndition G		Zon 1a	mate miervai misei and peath mileate mele months
1	CERTIFICATION	19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT			GS USED OF DEATH?
7	100000	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (SEETTHER NOTIFY MEDICAL SE	SE OF DEATH HOUR A.	M. MONTH DA	YEAR			RED (ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR	PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY EET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	١	CITY OR	NWO	co	UNIY	STATE
		22a I certify that (I) (the sow the deceased above, (I) (we) (fight 22b. SIGNATURE	olive on 8/15 (did not) view the body	19		DEGREE	19	deoth occurred on the	AFF			

Oncology Dept. Dr. Waterfield St. Agnes Hospital 236 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION
CITY OF TOWN
Baltimore 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Loudon Park Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

9/20/85

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Burial

HURBARD FUNERAL HOME

24 FUNERAL DIRECTOR

Maryland

21229 whia Davidson Bondan 4107 Wilkens Avenue SF

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	2

REGISTRAR			CERTIFICA	TE OF D	EATH		REG.	NO.			58	100
1 DECEASED NAME	FIRST	MIDDLE	LAST			20. DATE OF DE	ATH	MONTH	DAY	YEAR	2b HO	JR
	THELMA	GERTRUDE	SCAF	RBORO	UGH			9	30	85	11.0	OP
3 SEX		4 RACE	5. DATE OF BIR	RTH		6. AGE IN YEAR	SLASTI	BIRTHDAY}		ERTYEAR		R 24 HRS
Fema	le	White	6	5	11	74		YRS	MONTH:	DAYS	HOURS	MIN.
To BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED 3	KNEVER A	AARRIED 🗆	9 BALTIMORE		_				
Maryland	d	U.S.A.	WIDOWED	Dr	VORCED [	Bal	tir	nore (	Count	СУ		M
Relay	)F DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 1829 Clark Bly	ADDRESS)	THER INST	NOITUTI	120 USUAL OC (TYPE OF WORK FO HOMEMA	RMOS	OFWORKING		KIND C DUSTRY	F BUSIN	ESS OF
USUAL RESIDENCE (130. STATE  Maryland	136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOW Timore Relay	N 134	INSIDE C	ITY LIMITS?	13e STREET AD				212	27	

4 FATHER'S NAME FIRST MIDDLE LAST Hoffmaster James

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

IYES NO OR UNKNOWN)

NO

CERTIFICATION

MEDICAL

00

2

15. MOTHER'S MAIDEN NAME FIRST

1829 Clark Blvd MIDDLE

708 Midway Drive

Bessie 17 INFORMANT

Hoffmaster

206. IF YES, WERE FINDINGS USED

YES

IN CERTIFYING CAUSES OF DEATH?

21701

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating underlying couse

PART 2 OTHER SIGNIFICAN TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING \_ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

24 FUNERAL DIRECTOR

NOT WHILE

HOUR A.M. MONTH DAY YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

211 LOCATION CITY OR TOWN COUNTY

220 | certify that (1) (the haspital) attended the deceased from and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an obove, (I) (we) (did) (did of) view the body after death 226. SIGNATURE DEGREE

ATTENDING 22e ADDRESS

1264 Francis Avenue

230 BURIAL, CREMATION, REMOVAL 236. DATE 15PECIFY) Burial

Bradley Daugharthy

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

23d LOCATION CITY OR TOWN Baltimore

PHYSICIAN DIRECTOR PHYSICIAN

Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

DIVISION OF VITAL

4107 Wilkens Ave Hubbard Funeral Home, Inc.

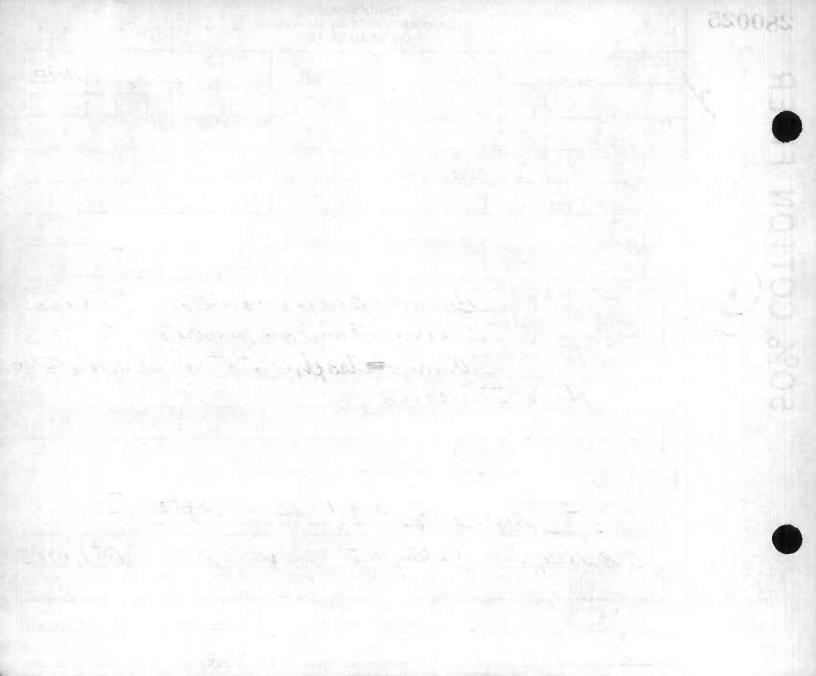
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HOSPI HUNE IN HIR SI		PHYSICIANS NAME (1741)	e recess	ADDRESS		

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL ISPECIFY) Burial 9/30/1985

7922 Wise Avenue

23c NAME OF CEMETERY OR CREMATORY

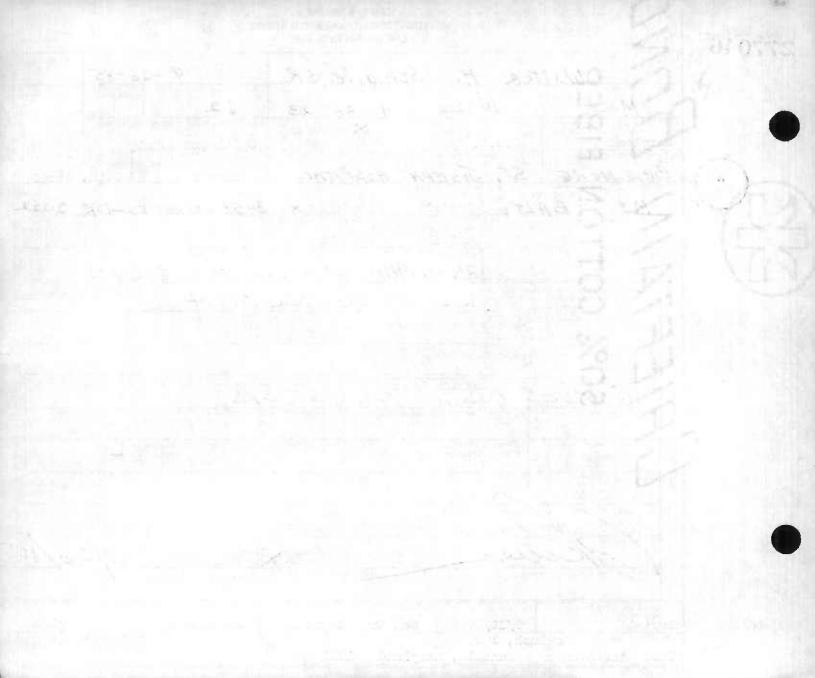
23d LOCATION
GITY OF TOWN
Baltimore

Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc. Dundalk, Maryland

23b. DATE

Oak Lawn Cemetery Baltimore Mar 250 DATE REC'D BY REGISTRAR'S SIGNATURE 21222 O DATE REC'D BY REGISTRAR'S SIGNATURE



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN LTYPE OR PRINT! OF ESTI-Schuh Hall Arleene 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BIRTHDAY PRONOUNCED DEAD 11 - 2 - 190678 white Female 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore County DIVORCED Massachusetts USA 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3650 Clifmar Rd. Homemaker Rockdale USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13m STATE 13b. COUNTY NO X 3650 Clifmar Rd. 21207 Rockdale Baltimore Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Bradford Ha 11 Gertrude Arndt Charles 166 SOCIAL SECURITY NO Crofton. 21114 028-26-0395 Mr. Robert Schuh 1603 Earlham Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC ) NOT WHILE STATE CITY OF TOWN 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection death resulted from Homicide Undetermined manner TITLE (SPECIFY) GE 4 SHOULD FUNERAL D TER DEATH, N SIGNATURE EXAMINER'S NAME E. Chase St. Felsenberg Stanley ZA PAG 23d. LOCATION 236 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE 9-26-85 Mt. Hope Cemetery Norfold Mass. Matapan BP 07/84 25M 24 FUNERAL DIRECTOR Loring Byers, Funeral Directors, Inc | 250. DATE REC'D. BY REGISTRAR | 256. REGISTRAR'S SIGNATURE DHMH - 17 wie Dayson 8728 Liberty Rd. Randallstown, MD 21133 (VR A15 ME (5))

STATE OF MARYLAND

	1 - FOR STATE REGISTRAR		DEPART	MENT OF HEA	FMARYLAND LTH AND MEN' ATE OF DEA'	TAL HYGIE	REG. N		462
	DECEASED NAME (TYPE OR PRINT)		NIDDLE	LAST		2	DATE OF DEATH	MONTH	DAY YEAR 2b
			D. Scott	5. DATE OF E	UDTH	4	Septembe:		1985
3	I. SEX	4 RACE			t. 23, 1		84		MONTHS DATS HO
11/	BIRTHPLACE (STATE OR FO	White	WHAT COUNTRY?	8		9	BALTIMORE CITY	OR COUNT	Y OF DEATH
3	South Caroli			WIDOWED	NEVER MARE	RIED 🖳	Baltin		
2/1	CITY OR TOWN OF DEAT	TH 11. NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)		TION I	20 USUAL OCCUPAT TYPE OF WORK FOR MOST HOUSEWILL	ION	12h KIND OF B
	USUAL RESIDENCE IN NUISA (30. STATE I	Baltimore		E ADMISSION)	d INSIDE CITY L	LIMITS?	30. STREET ADDRESS 2516 Ba	/ ZIP COD	ve 21
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medical	60 WAS DECEASED EVER IN NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	251 10 (		Robert	Scott	ADDE		rme
1/	18 CAUSE OF DEATH	(Enter anly one cause per	line for jai, (b), ar	id (c).1					APPROXIMAT BETWEEN ONS
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ljury, at al	PART 2. OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NO	ot related to	THE TERMIN	JAL DISEASE OR COM	NDITION G	IVEN IN PART I I a
13	THE DATE OF OPERATION OF THE PROPERTY OF THE P	ION 196. CONDI	ITION FOR WHICH	OPERATION	WAS PERFORME	ED	200 AUTOPSY?	IN CERT	ES, WERE FINDINGS IFYING CAUSES OF 'ES
9	CONTRACTOR	AUSE OF BEATH HOUR A.	M. MONTH D		1c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18	PART : OR PART 2)
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 274167 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR Mary (TYPE OR PRINT) Margaret Scott 1985 Sept. deo 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHOAY) Aug. 5, 1907 Female White TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Baltimore County Gen. Hospital Cleaning Bus. Clerk Randallstown LISUAL RESIDENCE HENURSING 130. STATE Balto. 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Owings Mills 39 Tollgate Rd. 21117 NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Buckingham Dorsey Harry Agnes 39 Tollgate Road 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-12-4232 Vermae Nelson Owings Mills, Md. No APPROXIMATE INTERVAL BETWEEN ONSE LAND DEA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and icid PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 20n AUTOPSY? ā 0 IN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d, INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE O NOT WHILE AT WORK 220.1 certify that (1) (this hoppital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITTE OF PR 22e ADDRESS MPORT UV KMAN 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL CITY OR TOWN (SPECIFY) STATE Sept. 21, 1985 Loudon Park Cem. Baltimore, Maryland Burial DHMH - 16 50M 4/83 Owings Mills, Md. (VRA 15, 4)

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, B.	SHOW THE		18 CAUSE OF DEA	ATH (Enter anly	one cause per line	for (a), (b),	and (c).)	> ^					APPROXIMATI	E INTERVAL
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 - STATE REGISTR	AR		DEPARTA		ICATE OF DEA		REG. NO	<b>2</b> .	4 5	2 8	
1 DECEASED N			MIDDLE		AST		20 DATE OF DEATH	MONTH DAY		26 HOUR	
	CLI	FTON	E.	S	ENTZ, S	R.	SEPTEMBE	R 25,	1985	4:30Pm	
3. SEX	-	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U		HOURS MIN.	
MAL	E	WHITE				921	63	YRS	JA73	MIN.	
COUNTRY	( STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED			D X NEVER MAR	RIED -	9 BALTIMORE CITY O	R COUNTY OF	DEATH	4.77	
MARY.		U.S.A. WIDOWED			DIVOR		BALTIMO	RE COU	NTY,	MD.	
212	34	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT NESULA FACILITY SIVE STREET ADDRESS)  8407 OAKLEIGH ROAD				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  NEASURER  126 KIND OF BUSINESS OR INDUSTRY DOOR & WINDO					
MARYLA			130. CITY OR TOW 21234			X c		ZIP CODE KLEIGH	ROAL	21234	
14 FATHER'S NA	LLIAM	BAKER	SENTZ		15. MOTHER'S M		WIDDLE		AN ĈĪ	EAFF	
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OR CONTR	BUTING CAUSE OF DE NOTIFY MEDICAL EXAMINE RY OCCURRED	HOUR A R) P	1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  1e. PLACE OF INJURY			216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPAGE 211. LOCATION					
WHILE AT WORK	NOT WHILE	( AT HOME, ST	REET, FACTORY OFFICE F.	ARM, ETC )	STREET		CITY OR TO	W M	COUNTY	STATE	
saw	220.1 certify that (1) (the hospital) attended the deceased from 6 - 13 - 19 7049, to 9 - 7, 19 85 that [1] (we) last saw the deceased alive on above, (1) (we) (did) (did not view the body after death										
22b. SIGN 22d. PHYS	ICIAN'S NAME (TYPE	Hu.	lon	m,		NDING SICIAN 7	MEDICAL STAP		9- 2	6-85	
COI	RAL GORDO	ON, M.I	).		2122 P	OTSP	RING ROAD	252-	5016		

BURIAL SEPT

28, MORELAND

24 FUNERAL DIRECTOR

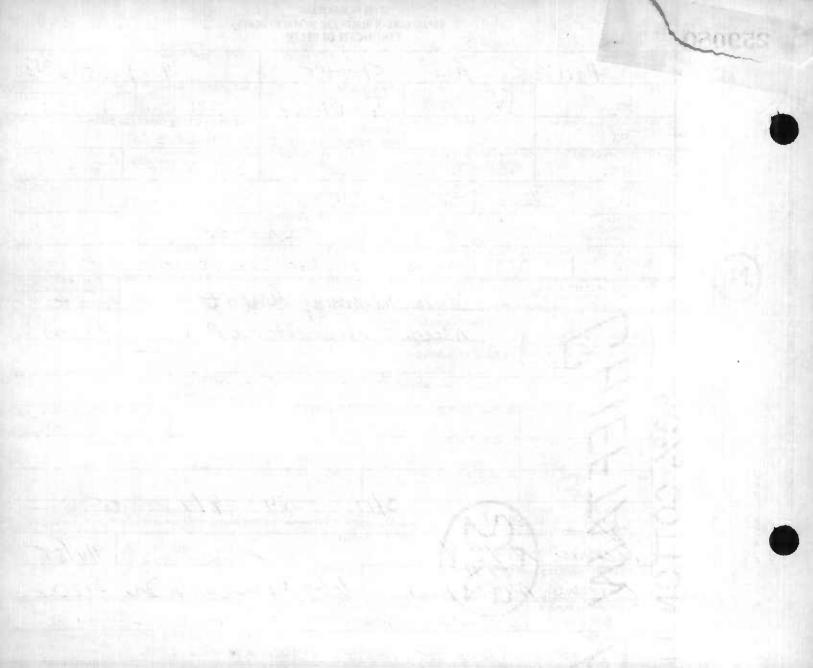
E. JOHNSON 8521 LOCH RAVEN BLVDSTP

DHMH - 16 60M 7/84 (VRA 15, 4)

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-011

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S. 253118 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME KNOWN L 20 DATE (TYPE OF PRINT) OF EST OUR FILES. N72 HOURS ROBERT E. SHANAHAN & AGE (IN YEARS | IF UNDER 1 YR. 4 RACE DATE OF BIRTH IE LINDER 24 HRS DATE LAST BIRTHDAY April 14,1901 Male White 84 TO BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County, Maryland WIDOWED X DIVORCED IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Towson Greater Baltimore Medical Center Balto. Transit Operator JSUAL RESIDENCE (IF IN NUMSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 5716 Maryland YES X NO [ Falls Road 21209 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Timothy Joseph Shanahan J. Roach Margaret T. PAGES 1 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-09-3876 No Doris S. Rouark Same as #13. 18 CAUSE OF DEATH (Enter only one couse per line) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION USED OF HE 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 3 SHOULD BE U 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE SITE BEAFTMORE, MARYLAND, 21 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Noturo couses Accident Homicide Undetermined monner MEDICAL EXAMINER 7501 York Road, Towson, Md. 21204 EXAMINER'S NAME Charles F. O'Donnell M.D. (TYPE OR PRINT) 23e BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Sept.7,1985 Balto., Md BP Long Green Cem Long Green 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** 1050 York Road - They want will at the (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 2120 20M 4 B2

The state of the s

the it was an a first the

		ASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	
6	THIRD CO.	Elcis		SHAOKS	SSPTSMB	SR 3. 1985 9:15 A.
	3. SEX	(-h0) S	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
	FS	mals	WHITE	AUG. 9. 1889	94	MONTHS DAYS HOURS MIN.
20	70 BIRTH	PLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	2 8	9 BALTIMORE CITY OR C	
1		RYLAND	11.5 A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMO	RS COUNTY ME
-		OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
208	Tou	uson	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESS)  MANOR	AT HOM	2
W/K	USUAL I		ITY I I CITY OR TO		13e STREET ADDRESS / ZI	P CODE 21234
20	LIA	RYLAND BALT	TI MORE PARKY	US YES NO X	1361911AT	THEWS DRIVE
12	IL FATH	ER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	LAST
1	/	HOMAS JA	AMES KEDDA	RO MARY S	LIZABSTH 1	OLTON LONARD
9		DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
1	0	0	220 44	2535 FAMILY	KECOROS	
1	18	CAUSE OF DEATH (Enter on	ly one cause per fine for (a), (b), o	and (cv.)	11-2.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (o)	72000	1470m 603	4 ydeys
H.			DUE TO, OR AS A CONSEQ	UENCE OF	0	77
8		Conditions, if any, which	( Ib)	HASCU		3 1.700
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		V
10	-	underlying cause lost.	(c)			
0.76	P	ART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 11a
Š	ě.	mal	sery!	1 DW		
16	A 19	DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
0 /	E L				YES NO	YES NO
8/		ACCIDENT WAS UNDERLYING CAUSE OF DEA	LIGHT A AA AACAITH		RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
54	8	(IF EITHER NOTIFY MEDICAL EXAMINER	(In	19		
6/	Q3W 21	d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
cked		NOT WHILE AT WORK	(Artistic, State), Factors, Office	0 17 11	F - 7.	E 5
	27	a. I certify that (I) (this haspi	tal) attended the deceased fram	Jan 1 (, 19 )	, to	, 19, that (I) (we) last
20		saw the deceased alive an	t) view the body after death	, and that w (my) four) apinum	agath occurred on the date	and hour and from the causes stated
E .	7	S SIGNATURE	The write body direction	DEGREE //	U	22¢ DATE SIGNED
*	1 (	Men	der	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	IN 1507: H 1985
1	27	d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS	A Difference of the second	1361111100
8	1 10	10 1.111 am	F. REDDER	3777 5	- Paul STO.	SST
3	23a Bills	RIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d, LOCATION	7-1-1
	(SPE	CIFY)	1	0 1	CITY OR TOWN	COUNTY MOCH STATE
		ERAL DIRECTOR		SOOD PARK	TE REC'D. BY REGISTRAR 256	
	EZ9 FUN	ERAL DIKECTOR		[200 DA	TIL NEC D. DI KE DIDIKAR (2)0	VECIDILIAN S SIGNATURE

LMORIES HARFORD

253107

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE

HEGISTRAN

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

YEAR

26 HOUR A.

LSOMARO

a Davidson-Randelle



1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

- nad wydon - Handale

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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VCC = 1/27 - 1/35 U - E3-1

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1 Sandra C

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" T. J. ap 3" , " to abd a " (a. L . Sf

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DIVISION OF VITAL RECORDS, 201

- STATE

(YES, NO OR UNKNOWN)

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

REGISTRAR LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR TYPE OR PRINTI DOROTHY SHAVITZ SEPT. 2,1985 10:30 5 DATE OF BIRTH 3 SEX 4 RACE & AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS JAN. 27,1919 YEAR WHITE FEMALE 66 BIRTHPLACE (STATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND IISA BALTIMORE COUNTY WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! HOUSEWIFE BALTIMORE HOMEMAKER 4108 RONIS RD. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMORE BALTIMORE 4108 RONIS RD. 21208) MARYLAND YES X NOF FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST ELY ASKIN ANNA ROSEN LEAH ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO

NU	215-01-9510	EDWARD H. SHAVIIZ	4100 KUN1	S KD.	21200
18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE CA		oma of liver		BETWEEN ONS	ET AND DEATH
Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF				
PART 2 OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVEN	IN PART Ira	

19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED Mone 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NOX

OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE, FARM ETC )

(IF YES, GIVE WAR OR DATES)

211 LOCATION COUNTY

CITY OF TOWN

our) opinion death occurred on the date and hour and from the couses stated

STATE

20b. IF YES, WERE FINDINGS USED

YES T

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN 22c DATE SIGNED 9-3-85

27d. PHYSICIAN'S NAME LITYPE OF PRINT

BERNARD

NOT WHILE

22e ADDRESS

3809 CLARKS LANE BALTIMORE, MD. (21215)

230 BURIAL CREMATION, REMOVAL 23b. DATE BURTAL 9/4/85

23c. NAME OF CEMETERY OR CREMATORY ANSHE EMUNAH CEM

DEGREE

BALTIMORE, BALTO, MD.

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

SOL LEVINSON & BROS. (21215)

BURGIN

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

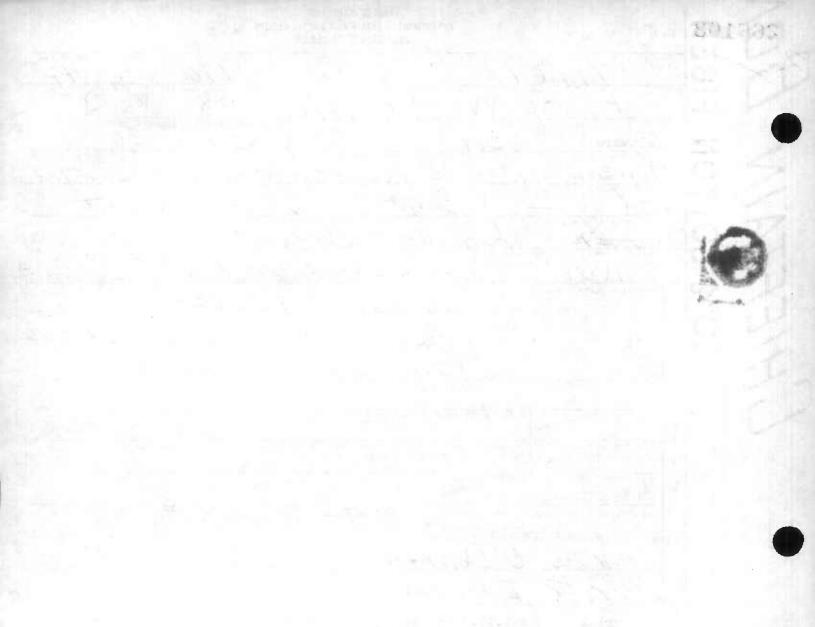
Man Knieden Bandon

DHMH - 16 60M 7/84 (VRA 15, 4)

should be deto

MPORTANT

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

230. BURIAL CREMATION, REMOVAL

Burial

7401 BELAIR Ed. F. H. BALTO. MD. 21230CC

23b. DATE

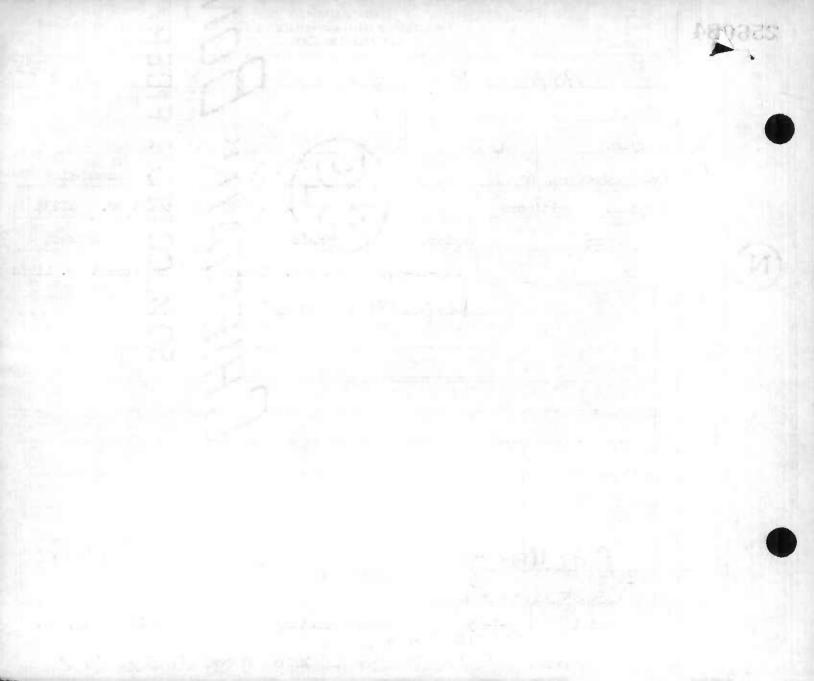
9-7-85

23¢ NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

23d. LOCATION CITY OF TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Cecil County. Md.



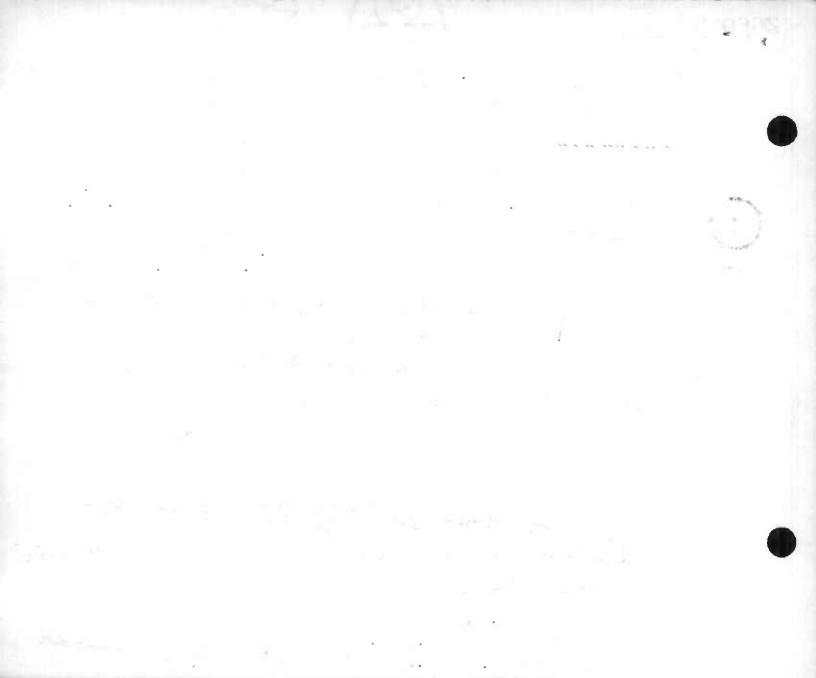
September 22, 1985 TIPI . T. mal. | often | often Belthere County. Hawkend University Dosewall enfallstown | Old Cours Bursing Come THE MILITON Ed. / STICE snebeza Tebusta smal confyrs Sissons Benele 03.60 H O depondit 256-05-0451 Heve M. Linmons / 1944 Hillion Ed. /20122

Burind Supt.28.85 Cadar Hill Conterv Ecosiya, Inc Arundal, Nd.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR XITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 man at the death of the haspital or offending physician.	UNERAL DIRECTOR; After this certificate has been signed by the attending physicion and competitive in the filter the signed that the place remove carbon papers. Pages 1 and 3 should be filted within 72 hours.
DIVISION OF VITAL RECO	OSPITAL OR XITENDING PHYSICIAN: The low reed by the haspital ar attending physician.	UNERAL DIRECTOR; After this certificate has been signed by the attending physici Id be detached for use as the burial-transit permit. Then please remove carbon papel

275084/	1	FOR - STATE REGISTRAR		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	4 6 3 /
A company		DR. R	OBERT S.	SIMMONS	SEPTEMBER 28	, 1985 7:45A
may poor poor	3. Si		4 RACE	5. Date of Birth MAY 30, 1924	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
11 A	1	MALE	WHITE		9 BALTIMORE CITY OR COUNTY	(OS 05 05 05 05 05 05 05 05 05 05 05 05 05
VI IE SE	N	SIRTHPLACE (STATE OR FOREIGN COUNTRY) IARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE C	OUNTY, MD.
1 100		OWSON	8150 LOCH R	ING HOME OR OTHER INSTITUTION ET ADDRESS)  AVEN BLVD.	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY DENISTRY
Tallon Carlo	13a M.A	ATHER'S NAME	TIMORE 136. CITY OR TO TOWS	ON 13d INSIDE CITY LIMITS?  YES NO X  15. MOTHER'S MAIDEN NA	136 STREET ADDRESS / ZIP CODE 8150 LOCH RA	VEN BLVD.2120L
1 1662	7	RAY	S. SIMMON		ADDRECC	HOHN
executions of the colors of th		WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS TO T	21204
BALTIMORE cote be exect appers. Pages vail.  11, the medical	-	NO -		-3255 DOROTHY G.	SIMMONS8130 L	
÷ + + 0 0 0	1	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause per line for (a), (b), o ED BY: TE CAUSE (a)	DROWARY DCCI	05:00	BETWEEN ONSET AND DEATH  H, 19573
201 W. PRESTON ST es that the death certi ned by the attending p please remove corban urial, crematian, ar ren v, or ather traumatic ev		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEQ	Caron Head HEURE	1 Diffense	YEARS
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	PITGITARISM	MINAL DISEASE OR CONDITION GIV	EN IN PART 110
hos beer permit.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED TYING CAUSES OF DEATH? S \( \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \( \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \subseteq \text{NO} \( \subseteq \text{NO} \sigma \text{NO}
OF VITAL  CIAN: The physicion physicion ol-tronsit profile into the physicion of the physic		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	
IVISION OF VITAL RECORDS,  (C PHYSICIAN: The low requirent this certificate has been sign in the this certificate has been signs who be the second of the se	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Aft for use a of Health		220.1 certify that (I) (4his hosp saw the deceased alive ar	ital) ottended the deceased from	85, and that in (my) (aux) opinion	death accurred on the date and hou	19 85 that (1) (wa) lost or and from the causes stated
SPITAL OR A d by the hosponer NERAL DIRECTOR DE deteched e Store Dept TANT: # hem		226 SIGNATURE	I fam		MEDICAL STAFF DIRECTOR   PHYSICIAN	224. DATE SIGNED 9-30-85
TO HOSPITAL retained by the TO FUNERAL should be det with the Stofe IMPORTANT:		JOHN G. LA	VIN, M.D.	22e ADDRESS 6805 YORK	ROAD 377-0	508
	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
BP	24	BURIAL EUNERAL DIRECTOR	OCT.2, 85 DU	LANEY VALLEY MEN		ORE CO., MD
DHMH - 16 60M 7/B4		NAME	MCONIQCOL TOGIT		TE REC'D. BY REGISTRARIES REGIST	Madon-Nanasia
(VRA 15, 4)	MI	חחדאוו די חוא	NSON8521 LOCH	RAVEN BLVD. SEP	0 0 1300	,

266039	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND	MENTAL HYG	SIENE 🖁	5 2 REG. NO.	40	3 3
e 4 moy be ctor. page 3 s ofter death			FIRST  1. RACE	F WHITE		Sin	OF BIRTH	YEAR 29	20 DATE OF	EARS LAST BIRTHDAY) 96	DAY YEAR  6 85  IF UNDER 1 YE  MONTHS DAY	
s after death. Pag	7a. BI	RTHPLACE (STATE OR F)	The contract of	ME OF HOS	AT COUNTRY?  SPITAL, NURSII  VILLE  VILLE	MARRIE WIDOWE	D D	MARRIED	Ba 1	RECITY OR COUP TO CO OCCUPATION XEOR MOST OF WORKIN SEWIFE	G LIFE   126. KIND	MD. OF BUSINESS OR RY HOME
ARYLAND 212	13o. S	THER'S NAME BENJAM	BALTO.	130	BALTIN		13d. INSIDE ( YES ] 15. MOTHER	ITY LIANTS? NO AX S MAIDEN NA FIRSBERTH	ME	ADDRESS ZIP CO DUNH ILL	BAYLIN	CIR. 21207
be executed on and and an analysis. Person	160 V	VAS DECEASED EVER			. SOCIAL SECT		17. INFORM. 243		. JEAN	ETAGEREGOUL BALTO.,	MAN MD	21209
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed that the low requires that the death certificate be executed that the sertificate has been signed by the ottending physician and compare the state of the buriol-transit permit. Then please remove carbon papers. Pages that the not mental Hygene prior to buriol, cremation, or removal.	CERTIFICATION	Conditions, if ony, gove rise to imm couse lol, stotin underlying couse  PART 2. OTHER SIGN  CVA  190. DATE OF OPERAT	which lediote g the lost.  UIFICANT CONDIT	(b) (b) (c)	S A CONSEQUENT TRIBUTING TO	S C I		A D TO THE TERM	<u> </u>	leev DPSY? 20b. IF		DINGS USED
DIVISION OF VITA  RATTENDING PHYSICIAN: TI hospital or ottending physicia RECTOR: After this certificore hed for use as the buriol-transi ept. of Heolth and Avental Hygis tem 21 is marked or Item 18 ste	MEDICAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT WORK ALWOOD 22a.1 certify that (1) sow the decease above (1) Awe) (c 22b. SIGN AT URE	AUSE OF DEATH ALEXAMINER)  ZED ZIE  JAI	P.M. PLACE OF HOME STREET.	MONTH D INJURY FACTORY OFFICE.	FARM, ETC.)	211 LOCAT	ON T	to	CITY OR TOWN	COUNTY	STATE
TO HOSPITAL OR retoined by the h TO FUNERAL DIR should be detoche with the Stote Dee IMPORTANT: If the	230	Qu V	R V. 6		1985 23G	iu.	D - 22e ADDRE 5 3 1	o ol	ol C	STAFF PHYSICIAN	Rol	MARYLAND
BP DHMH - 16 50M 4/83 (VRA 15, 4)		JNERAL DIRECTOR	SOL LEVI	NSON 8	BROS.	, INC.				REGISTRAR 25 PAGE		



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Sina	Cont	O	U

		REGISTRAR				CLKIII	ICATE OF DEATH	REG. N	Ο.		ę.
		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	OR PRINT)		James	K.	Sma	lek	Septembe	r 20,	1985	12:00P
	3. SEX	(		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BE	THDAY)	IF UNDER 1 YEAR	
		Male		White	2	Apri		69	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
1		W Jersey		U.S.A.		WIDOW	_	Baltimore	Cour	ntv	MD
10	10. CI	TY OR TOWN OF DEA	TH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	Du	ndalk			Church Ro			(TYPE OF WORK FOR MOST O			. City
1		AL RESIDENCE (IF NURS					Control of the Contro		-		7
7	130 S Ma	ryland	Bal	timore	Dundalk	Ν	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			22
		THER'S NAME			- 41144211		15. MOTHER'S MAIDEN NA		711 100	744 222	
1	Fr	ank		MIDDLE	Smalek		Mary	WIDDLE		Wlecz	ST SZÆ
,		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	WIECZ	Ϋ́
		ES, NO OR UNKNOWN)		VE WAR OR DATES)	220-07-83		Stephanie Tho	mac 1901	Churc	h Road	21222
	110						prephanie inc	Mas 1901	Jiiuic		Z I Z Z Z
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter of AS CAUSE	nly one couse per ED BY.	line to ol, (b), one	IAA	NAGENT			MINGEN	CHILL AND DEATH
			IMMEDIA	TE CAUSE (0)	Carro	ace	avage			- Jane	acon
ŧ				DUE TO, O	RAS A CONSEQUE	NCE O	Asta and	is Masc	2/10	811	0911
		Conditions, if ony, gove rise to imp		(b)	MAUNE	aw	cour cara	w / pasc	ovus	30/1	w
		couse (a), statin	g the	DUE TO, O	R AS A CONSEQUE	NCE OF				1	
		onderlying coose	1051	( (c)							
	z	PART 2. OTHER SIGN	VIFIC ANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	SIVEN IN PART 1	0
	CERTIFICATION			Tim com				To a serious	Tool IF V	CC MERCENIA	
	ICA	190 DATE OF OPERAT	ION	196. COND	II ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		TIFYING CAUSES	
	RTIF							YES NO		YES 🗌	NO 🗌
1		210. ACCIDENT WAS UND		216 TIME C	of injury .m. month da	YEAR	21c HOW INJURY OCCUR	RED (ENTERNATURE OF INJL	RY IN ITEM 11	8 PART I OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDIC		R) P.	.м.	19					
	MEDICAL	21d. INJURY OCCURE			OF INJURY REET FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OF TO	NW(	COUNTY	STATE
	<	AT WORK AT WO	RK .				1	2/2			
		220.1 certify that (1)		- Contract of the Contract of	75/		5/11 19/06				that (I) (we) lost
		sow the decease			ofter death.	0	nd that in (my) (our) opinion	death occurred on the d	ote and h	our and from the	causes stoted
		22 SIGNATURE	/	21/-	-0	_	DEGREE			22c DA16	SIGNED
		Xtu	4/5	/cax	tan MI	)	ATTENDING PHYSICIAN	MEDICAL STA		19/	4/85
-		228 PHYSICIAN'S NA	AME (TYPE	OR PRINT)			22e_ADDRESS				
		Tryin B	Kan	lan Mr	)		129 S Bros	adway Balti	nore	Marula	nd

DHMH - 16 50M 4/83

MPORTANT: H

(SPECIFY)

Burial

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk, Inc. (VRA 15, 4)

236 DATE

Sept.24,1985

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN

Holy Rosary

Baltimore

Thomas J  Is Cators of the most production of				MENT OF H	EALTH AND MENTAL HY	GIENE S	2 4	O	40	
eooth 3	1. DECEASED NAM (TYPE OR PRINT)			Carthy S		AST	Sept 25.		YEAR	26 HOUR
ge 4 moy		4	RACE White	81.78	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
nerol dire	70. BIRTHPLACE (S	TATE OR FOREIGN 7	U.S.A.	WHAT COUNTRY?	MARRIEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	OR COUNTY O		MD
11 2/	10. CITY OR TOWN	OF DEATH 1	1. NAME OF I	HOSPITAL, NURSII H FACILITY, GIVE STREET TOSPECT	Ave.,	ROTHER INSTITUTION 21228	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired Po	ION DE WORKING LIFE)	12b KIND O	F BUSINESS OR
y filled in a spould be	USUAL RESIDENCE 130 STATE Maryland	(IF NURSING HOME OR O 13b COUNT Balt	THER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 47 N. Pros			.228
	Thomas J	McCarthy	DDLE SORCES?	LAST	IPITY NO	Ann F Mulla	WIDDLE	FSS	LAS1	1229
De Contraction	NO YES, NO OR UNKNO	(IF YES, GIVE V		212 24 8		Robert W Hau				
10 to 10	gove rise couse (o), underlying	if any, which to immediate stating the cause lost ER SIGNIFICANT CO	(b)	r as a conseou	INCE OF	notic CUS	minal disease or con	IDITION GIVEN	IN PART 110	ear)
hos t pe	190 DATE OF				OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NOS	20b. IF YES, WIN CERTIFYIN YES [	NG CAUSES	GS USED OF DEATH? NO [
certificate mol-trons entol Hyg	00.001/00/01/01	WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER)			AY YEAR	21t HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
ther this os the but hond Morked or		NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ORECTOR: A ched for use Dept. of Heoli	saw the	that (1) (this haspital deceased alive an_ l) (we) (did) (did not) URE	8/29/8	5 10		d that in (my) (our) apinion DEGREE		ate and haur o		
E		ENNARD	YAF	FE M	,).	ATTENDING PHYSICIAN 1	ST PARK F		19/27/	د لا ا
BP	230 BURIAL, CREM (SPECIFY)  BU		Sept.	30,1985	Crest.		23d. LOCATION CITY OR TOWN	Howard	Mar	STATE
MMH - 16 50M 1/76 (VR A 15 (4) )	Harry H	TOR Witzke 41	12 01d	ADDRESS Columbia	Pike	City 250. DA	TE REC'D. BY REGISTRAR	25h BEOLOTER	RSSIGNATI	URE

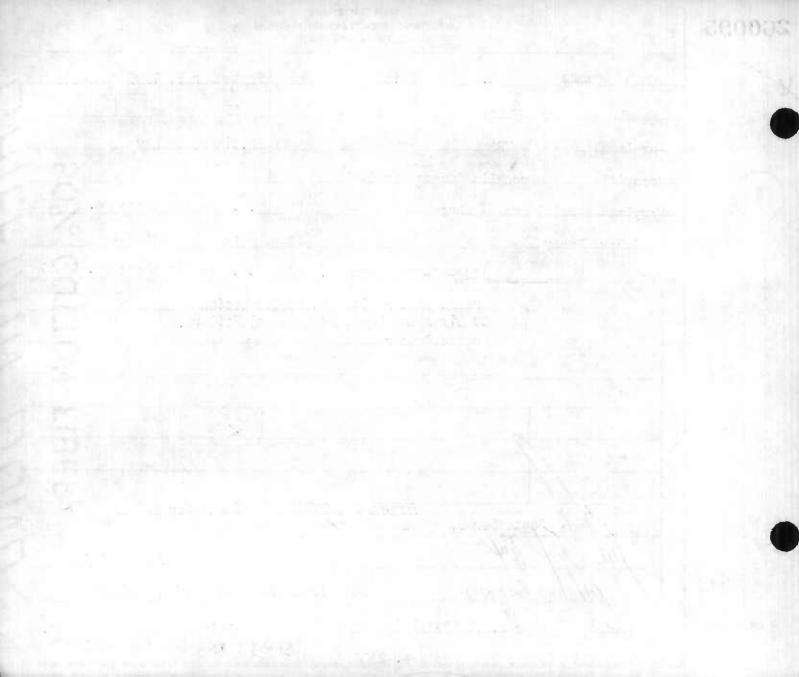
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FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKITE	ICATE OF DEATH	REG. N	٥.		3
/		CEASED NAME FIRST OR PRINT)		M SMITH		AST	20. DATE OF DEATH 9-5-85	MONTH DAY	YEAR	10 58 M
1	3 SEX	MALE	4 RACE WHIT	E	5. DATE C	01 DAY21-05	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	MORE (		TY MD.
3	10 CI	TOWSON	(IF NOT IN SUCH	OSPITAL, NURSINI FACILITY, GIVE STREET A SEPH HO	(DDRESS)	dr other institution	120 USUAL OCCUPATION OF WORK FOR MOST OF MANAGER	F WORKING LIFE)		OF BUSINESS OR
2	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUP BAL	VTY	SIVE RESIDENCE BEFORE 13c. CITY OR TOWN 21234	٧	13d INSIDE CITY LIMITS?		ZIP CODE EWOOD	RD	21234
Ý		JOSEPH	MIDDIE .	SMI		CARRIE	MIDDLE		MA'Î	TSON
1	()	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? VE WAR OR DATES)	213-10-		HAZEL M. S	MITH 1708		MOOD	RD.2123
	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR	AS A CONSEQUE	nce of	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART 1	· a
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSE	NGS USED S OF DEATH?
,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY BET FACTORY, OFFICE, F	ARM ETC )	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (web) did) (did no	4-5	10	3	nd that in (my) (aur) apinion	S, ta death accurred an the d	ate and have a		
2		ZPA SIGNATURE	Sur	ach in	0	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		77c DATI	ESIGNED
		224 PHYMICIAN'S NAME THE	Te terperi			THE ADDRESS				

TO FUNERAL DIRECTOR should be detached with the State Dept. etained by BP.

TENDING PHYSICIAN:

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 2

23b. DATE 23a BURIAL, BURIAL SEPT

JOHNSON8521

24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY

. 8 SDULANEY

RAVEN

LOCH

OSLERDY. lowson

VALLEY MEM. GAR. BALTIMORE CO., MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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ASON HER BURSHIN HOLE

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

1-	FOR STATE REGISTRAR			DEPARTA		HEALTH AN	ID MENTAL HYG	GIENE 8	S REG. N	2	40	4 3
	CEASED NAME	FIRST		MIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
		Howar	d		Smit	h	Sr.			9/3	30/85	2:53p
3. SE	x		4 RACE		S. DATE (			6 AGE	IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Male	6-63	White		June	8	1913 <sup>FEAR</sup>	72		YRS	MOINTS DATS	HOURS MIN.
7a BI	RTHPLACE ISTATE OR COUNTRY) Marylan	r FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI		ER MARRIED DIVORCED		MORE CITY O		nty	MI
10 CI	Towson	ATH	6701 I	HOSPITAL, NURSIN CH FACILITY, GIVE STREET, N. Charles	S ST	OR OTHER I	NSTITUTION	[TYPE OF V	ALOCCUPATION OF CORE FOR MOST CO	FWORKING		F BUSINESS OR
U5U/	AL RESIDENCE HE NUR	136 COUN		GIVE RESIDENCE BEFORE		113d INSID	E CITY LIMITS?		T ADDRESS			
	Md.	Ba	lto.	Essex		YES	NO		Upper1			1221
14 FA	THER'S NAME		AIDDLE .	LAST		15 MOTH	ER'S MAIDEN NA	ME	WIDDLE	-	LAS	T CONTRACTOR OF THE PARTY OF TH
)	Arthur	Lee		Smith		Т	heresa				Tarr	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR			ADDRE	SS		
	Yes	WW.		215-09-6	090	Mari	e Smith	350 I	Innerla	ndin	21221	
CERTIFICATION	Conditions, if ony gove rise to im couse (a), state underlying cause PART 2 OTHER SIG	mediate ng the e lost NIFICANT C	DUE TO, CO	ONTRIBUTING TO D	NCE OF				ASE OR CON UTOPSY?	20b. IF Y	IVEN IN PART 10 ES, WERE FINDIN IFYING CAUSES	VGS USED
RT								YES	] 00 []		res 🗌	NO 🗌
	OR CONTRIBUTING	CAUSE OF DEA	III	OF INJURY .M. MONTH DA .M.	YEAR	ZIc. HOW	V INJURY OCCURE	RED (ENTE	R NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	21d INJURY OCCUR	MILE []		OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC )		REET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1 saw the decease	sed olive on.	9/3	198!			my) (aur) opinion	. 10	9/30 urred on the de	ote and ha	our and from the	
	THE PHYSICIAN'S N	110	Udh			DEGREE 22e ADD	ATTENDING PHYSICIAN	MEDIC DIRECT	AL STAI		220 DATE 9	30/15
	Dr. R. V			. 1 . 3			GBMC					RALES
- {	BURIAL, CREMATION SPECIFY) Buria		236 DATE			emetery of F	OR CREMATORY		CATION CITY OR TOWN SSVILLE	Bal	lto. Md.	STATE
	onnelly Fu	neral	, . ,				25a DAT		2 1985		STRAR'S SIGNAT	podelle

DHMH - 16 60M 7/84 (VRA 15, 4)

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				STATE OF I		0 10 0	AGAG
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	. 05		MARIE SMITH	LAST		REG. NO.	DAY 13 TEAR 8 Th HOUR
0 m =		CEASED NAME FIRST OR PRINT)	WIDDLE		100	20. DATE OF DEATH MONTH	12 1CC 12
poge 3		MARC		ARIE OY	nith	711	)/80 /d M
or, p	3 SEX		RACE	5. DATE OF BIR	DAY 22 YEAR 18	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
nge nge	11	emale	white	50	22/8	G / YRS	
E 50 26		RITHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
deot		ma!	USA	WIDOWED	DIVORCED [	BA/to-Co	yaty MD.
1 1/9	15	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, N	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
13 0	6	tous ville	Spring Grove		oital	Homemaker	Own Home
Po A	U.A IJu <sub>a</sub> S	L RESIDENCE (IF NURSING HOME OF OTTATE 134, COUNT	HER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION 134 I	NSIDE CITY LIMITS?	3e.STREET ADDRESS / ZIP COD	Ε ,
22		nd	1 12		NO [		on Avenue 21229
# 20 DA	14. EA	THER'S NAME	DDIE LA	15. N	OTHER'S MAIDEN NAM	E MIDDLE	
p 25 300		John		ole	Cathe	rine	(unknown)
e es		AS DECEASED EVER IN U.S. ARM			FORMANT	1326 Defibrigi	nt Road
Pog P	()	ES. NO OR UNKNOWN) (IF YES, GIVE Y	215-1	.8-9813	Helen Floray		Md. 21228
pers.		18. CAUSE OF DEATH (Enter only	one couse per line for 101,	b), and ic).1	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy npay mov vent		PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Le Music	andial	Suburct	
ding or re or re		MMEDIATE	DUE TO, OR AS ALCON	SEQUENCE OF	0	1	N. H. YOU
tene trene tran,		Conditions, if ony, which		nosdero	lic Cons	Lio croscular	Airente
he o he o emo emat		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	<b>\</b>			
by t		underlying couse last.	(6)	SEGOEIVEE OI			
ned ple purio y, ar		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GI	VEN IN PART 1/0
Ther The h	NO						
ony prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATION WA	SPERFORMED	200 AUTOPSY? 200 JE YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
he lo	TIFE		100.00				ES NO
ysicut consultation of the state of the stat	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART : OR PART 2)
Clar photos	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	19			
HYSIC Iding Ins cer burio Meni	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211	LOCATION	CITY OR TOWN	COUNTY STATE
G Pl	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE FARM, ETC )	2146E1	CITY ON TOWN	STATE
Aft Aft mor mor		22a.1 certify that (1) (this hospita	) ottended the deceased	from 6-	14-1987	10 9-13-	19 that (I) (ve) last
TTEN Surfall TOR for of Ho		sow the deceased alive on obove, (1) we) (find (did not)		19.85, and tha	t in (ny) our) apinion de	eath accurred on the date and ha	ur and from the causes stated
REC Hed hespt.		22h SKSNATURE 4 0		DEGR	EE	/	22c. DATE SIGNED
the Die File		Lew Vill	le Couren	o "u. D.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9-13-85
TO HOSPITAL TO FUNERAL Should be de with the Stot		224 PHYSICIAN'S NAME (TYPE OR			ADDRESS		more. Md.
HOS ined		CESAN U.	PAVED	0 9	pring 6	rove Hosp	more, Nd.
Of Of M	23n. F	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	
BP		Burial	9/17/85	Cedar Hill		Baltimore	COUNTY STATE Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Ite	royam. & Russell 30 Edmondson Ave	. C. Witzke Ronue, Catonsv	uneral Home	s P.A.	REC'D. BY REGISTRAR 256. REGIS	WALLESON-Manager

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO				

10	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).	THE ST	
	CEASED NAME	FIRST		MIDDLE	l.	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
(TYPE	E OR PRINT)	lanche	н. S	MITLEY			September	5,	1985	8:30 PM
3 SE			RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
100	FEMALE		WHITT	2	JUNE	24 1897 YEAR	88	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF		Y OF DEATH	
	PENNA.		USA		WIDOWE		Baltimore	e Coi	unty	MD.
10 C	ITY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUAL OCCUPATIO			OF BUSINESS OR
1	BALTIMORE		FRANKL	IN SQUARE	HOSP	ITAL	HOME JAKER		La C)	
	AL RESIDENCE (IF NURS	136 COUNT		113c CITY OR TOW	/N	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP. COL	)E = = = 0	7 194
1	MD.	Balti		White Ma	rsh	YES NOX	5312 Bush	St.	21162	
14. F	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	ST
1	David	Elmer		Hough		Agnes			Wells	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU		Clarence Smi	ADDRE:	55 <b>53</b> ]	L2 Bush	St.
	no			159-38-9	963T	Clarence Smi	tley Sr. (Sc	JII)	nite Mar	sh Md. 21
	18 CAUSE OF DEAT	H (Enter only	one couse pe					4	BETWEEN	ONSET AND DEATH
17	PART I. DEATH W	IMMEDIATE		Cardiopu	ulmona	ary arrest				
			DUE TO, C	R AS A CONSEOU	ENCE OF					
	Conditions, if ony gove rise to im-		(b)_	Sepsis						
	couse (a), statu	ng the	DUE TO, C	R AS A CONSEQU	ENCE OF					
	underlying cause	lost	( (c)_	Urinary	tract	tinfection				
z	PART 2 OTHER SIGI	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION G	IVEN IN PART 1	0
CERTIFICATION	19a DATE OF OPERA	TION	10h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20g AUTOPSY?	20h IF Y	ES, WERE FINDIR	NGS LISED
5	THE DATE OF OFERA	11011	170. COND	ALLOW TOR WITHOUT	OFERATIO	TASTEN ONNED		IN CERT	IFYING CAUSES	OF DEATH?
H E	210. ACCIDENT WAS UN	DEPLYING T	21b. TIME C	OF IN HIRY	_	21c HOW INJURY OCCUR	PED (SENTER MATURE OF INJURE	1	YES DARI 2	NO 🗌
R .	OR CONTRIBUTING		110110 4		AY YEAR	THE WORLD WAS A COCOR	(ENTER NATURE OF INJUR	T IN IIEM IO	ARA ORRANIE	
MEDICAL	21d INJURY OCCUR		_	.M. OF INJURY	19	21f LOCATION				
MEC	WHILE IT NOT W	HILE 🗇		REET, FACTORY OFFICE,	FARM ETC )	STREET	CITY OR TOV	/N	COUNTY	STATE
	AT WORK AT WO	iRK				1 20 05	C+ -		· . OF	
	22a I certify that (I)				85 Augu	ust 30 . 19 85	deoth occurred on the do			that (we) lost
	sow the deceos obove, & (we) (	die (de M)	view the body	ofter death.		DEGREE	deam accounted on the do		22¢ DATE	
	126. SIGNANDE	noge	Kan	4	11/1	ATTENDING	MEDICAL STAF	F _	9	15/85
-	22d, PHYSICIAN'S N	AME INVENE	nu	100	poly	PHYSICIAN [	DIRECTOR PHYSIC	AN	1 7	101
		/ Smith					lin Square D	ir.	12237	
22	1			100	NIAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BURIAL, CREMATION,		23b. DATE				Baltimo	re	COUNTY	Md. STATE
24 5	Crematio		9/7/8		Green		BATTHIC		STP AP'S SHENIAL	all and the little and the
127	UNERAL DIRSCHIL	munek 1	Funera.	L HOME	nc.	55	P 1 U 1905	. SW. NEOK	UNAN S SIGNA	North.

DHMH - 16 60M 7/84 (VRA 15, 4)

9705 Belair Rd., Balto. Md. 21236

BP

should be detoched for use as with the State Dept of Health IMPORTANT: If he

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(VRA 15, 4)

Ammin Antico Cot. 18 1907 77

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constille 21227 Franklin to. No. 10.1

Norviend Saltinore Desert X I rett St. Apt. 114 2122

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Julia Andrejesski

118 Lagazore Ed.

214-05-25-8 Vincent Swolinski, Son Esite, 10. 21632

Surjet 9/17/95 community lati. I. Community after Co. Md.

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# STATE OF MARYLAND

DEPARTM	ENT O	FHEALTI	HAND	MENTAL	HYGIENE	
	CERT	TIFICAT	FOF	DEATH		

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L	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.		
	DECEASED NAME FIRST		MIDDLE	1	LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	CHARL	ES	DAVID	5	SNAPP	SEPTEMBER	14, 1	.985	7:55 R
3	MALE MALE	4 RACE WHITE		5. DATE O		6. AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND		S.A.	8	D NEVER MARRIED	9 BALTIMORE CITY O			MD.
L	FORT HOWARD	(IF NOT IN SUC	MEDICAL C	ENTE	R OTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIF		OF BUSINESS OR
1			134. CITY OR TOWN	N	YES 📉 NO 🗌	13e STREET ADDRESS / 7534 DOGWO			84
ľ	FATHER'S NAME FIRST CHARLES	WIDDLE	SNAPP		15 MOTHER'S MAIDEN NAM	MIDDLE		EHEAD LAS	, T
16	a, WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GIV YES W.W	VE WAR OR DATES)	218 18 5		CLINICAL REC	ORDS, VAMC,		HOWARI	O, MD
	Canditions, if any, which gave rise to immediate couse to, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, O		MEGALT NCE OF S AT	LEFT ADRENAL A		DITION GIV	'EN IN PART \$10	D
OLEA DIST	ATROPHY AT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	PANCREAS 196. COND		OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDING CAUSES	
	00.000.000.000.00	ALIA .	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART : OR PART 2)	
1000	ON CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		REET FACTORY, OFFICE FA		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that X1 (this hasp saw the deceased alive or above/X1 (we) (did) (dix X	SEPTEME	e deceased from BER 14 19	ШГ.Ÿ 85 <sub>, от</sub>	15 , 19 85 and that in (My) (our) opinion d	to SEPTEMBI			that (h (we) last causes stated
	226 SIGNYATURE	red	/		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FIANX	224. DATE 9-1	SIGNED 5-85
	WACLAW KAZIMI		M.D.	64	VAMC, FORT	HOWARD, MD	21052		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

Health and Mental Hygiene prior to burial, cremation,

morked or Item 18 shows

MPORTANT: If Item 2

should be detached for use os the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

injury, or other trai

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

)3	1-	FOR STATE REGISTRAR			STATE OF MARYLAND ENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE (	REG. NO		6 4 8
		CEASED NAME	FIRST MIDE		iAst	20. DA	TE OF DEATH	MONTH DAY	YEAR 21 HOUR
>		Mr.	August Georg	ge Snyo			September		A
5	1. SE	×	( RACE		5. DATE OF BIRTH	6. AGE	DAY TENDS LAST BIRT	HOATI # UND	SAVS HOURS MAN
	Maj	le	Caucasian		July 15 1908 -	77		YR5	
35		RTHPLACE   STATE OR FO	OREIGN 16. CITIZEN OF WH		8. MARRIED NEVER MAR: WIDOWED DIVOR	RIED '	imore Cou	R COUNTY OF D	<b>EATH</b>
55		ITY OR TOWN OF DEA	(IF NOT IN SUCH FA	CILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION CODRESS HOSPITAL	1 TYPE O	UAL OCCUPATION WORK FOR MOST OF CLERK	WORKING LIFE) IN	KIND OF BUSINESS OF DUSTRY Lite Laundry
36	USU. 130. S Mar	AL RESIDENCE (IF NURSI STATE Yland	NG HOME OR OTHER INSTITUTION GIVE	E RESIDENCE BEFORE  COTTY OR TOWN	ADMISSION) N 13d INSIDE CITY L	LIMITS? 13e.STR	EET ADDRESS /	ZIP CODE Mill Road	21207
30		August Snyde	MIDDLE	LAST	IS MOTHER'S MA FIRST Mrs. Liz	etta Schul			LAST
medicol		VAS DECEASED EVER	IN U.S. ARMED FORCES? 16	SOCIAL SECUI	140. 144			SS	21207
evenii, me med	no	725. 140 OK 0141.10 W/1	(11125, 5112 1111 511 511 511 51	214-03-190	04 A   6301 Win	dsor Mill	Road Woo	dlawn	Maryland  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n			DUE TO OD A						
y injury, or other troumatic	VIION		which sediote g the lost OUE TO, OR A (c)	S A CONSEQUE	NCE OF	THE TERMINAL DI		DITION GIVEN IN	
a	IFICATION	gove rise to imm couse (a), stating underlying couse	which sediote g the lost OUE TO, OR A (c)	S A CONSEQUE	NCE OF	THE TERMINAL DI	SEASE OR COND	DITION GIVEN IN	PART 1101  RE FINDINGS USED CAUSES OF DEATH? NO 1
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99	MEDICAL CERTIFICATION	gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  19e DATE OF OPERAT  21a. ACCIDENT WAS UNDO OR CONTRIBUTING CIFE ETHER NOTIFY MEDIC  21d. INJURY OCCURR WHILE NOTIFY MEDIC ALWORD NOTIFY MEDIC ALWORD NOTIFY MEDIC ALWORD NOTIFY MEDIC  WHILE NOTIFY MEDIC ALWORD NOTIFY MEDIC  WHILE NOTIFY MEDIC  ALWORD NOTIFY MEDIC  100 NOTIFY MEDIC	which nediate g the lost OUE TO, OR A DUE TO	S A CONSEQUE  TRIBUTING TO C  DON FOR WHICH I  NJURY  MONTH DA  INJURY  FACTORY, OFFICE, FA	NCE OF  DEATH BUT NOT RELATED TO  OPERATION WAS PERFORME  AT Y YEAR  19  211 LOCATION  STREET	THE TERMINAL DI  O  O  O  O  YES  Y OCCURRED (EN	AUTOPSY?  NO TER NATURE OF INJUR  CITY OR TO	206 IF YES, WER IN CERTIFY ING YES  TY IN ITEM 18 PART I O	RE FINDINGS USED CAUSES OF DEATH? NO RPART 2)
Rem 21 is morked or Rem 18 shows any injury,		gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  19e DATE OF OPERAT  21o. ACCIDENT WAS UNDO OR CONTRIBUTING CIFE FITHER NOTIFY MEDIC  21d. INJURY OCCURR WHITE NOTIFY MEDIC 220. I certify that (I) sow the decesse obove, (I) (we) Id  22b. SIGNATURE	which hediote g the lost OUE TO, OR A DUE TO	S A CONSEQUE  TRIBUTING TO C  DN FOR WHICH I  NJURY MONTH DA  INJURY FACTORY, OFFICE, FI  er death.	NCE OF  DEATH BUT NOT RELATED TO  OPERATION WAS PERFORME  Y YEAR  19  211 LOCATION  STREET  DEGREE  ATTE  PHY  272 ADDRESS	THE TERMINAL DI POPULATION OF THE TE	AUTOPSY?  NO  TER NATURE OF INJUR  CITY OR TOV  COUrred on the do	206 IF YES, WER IN CERTIFYING YES  YES  YIN ITEM 18 PART 1 0	RE FINDINGS USED CAUSES OF DEATH? NO DEATH?  R PART 2)  OUNTY STATE  That (I) (we) lose from the couses stated (2) DATE SIGNED
IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troum	WEDICAL WEDICAL	gove rise to imm couse (o), stating underlying couse  PART 2 OTHER SIGN  190 DATE OF OPERAT  110. ACCIDENT WAS UNDO OR CONTRIBUTING CURR WHILE WHILE WHILE WHILE SOW the deceose obove, (1) (we) 10  120. SIGNATURE	which hediote g the lost DUE TO, OR A DUE TO	S A CONSEQUE  TRIBUTING TO C  DN FOR WHICH I  NJURY MONTH DA  INJURY FACTORY, OFFICE, FI  er death.	NCE OF  DEATH BUT NOT RELATED TO  OPERATION WAS PERFORME  ARM EIC.)  211 LOCATION  STREET  DEGREE  ATTE  ATTE  TYPE ADDRESS	THE TERMINAL DI P. D. 200 YES Y OCCURRED (EN	AUTOPSY?  NO TER NATURE OF INJUR  CITY OR TOV  COUrred on the do  ICAL STAF  TOR PHYSIC	206 IF YES, WER IN CERTIFYING YES  YES  YIN ITEM 18 PART 1 0	REFINDINGS USED CAUSES OF DEATH? NO  RPART 2)  OUNTY STATE  That (I) (we) los from the causes stated  OQ - Q 7 - S

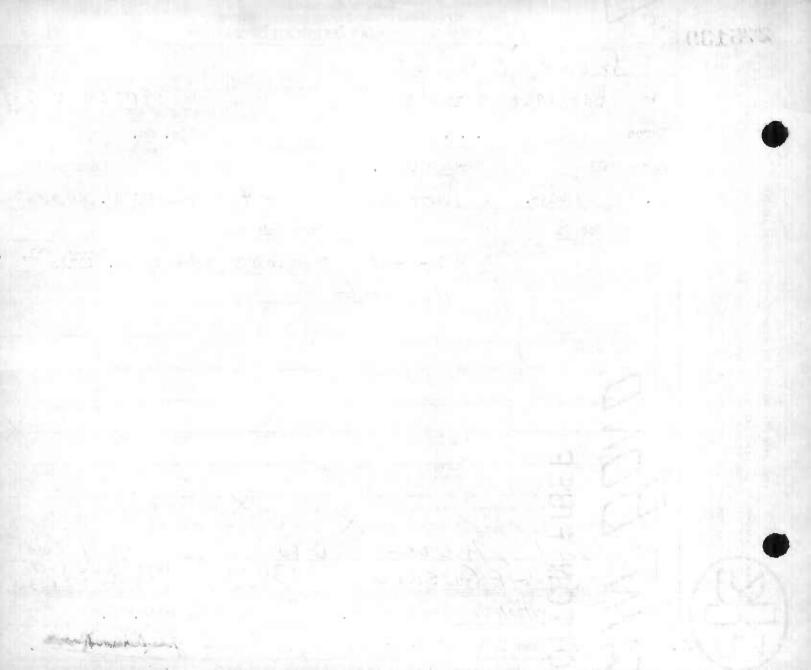
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 24494



DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE 275139 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20, DATE KNOWN TO MONTH TYPE OR PRINT OF ESTI-DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 1949 36 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED B NEVER MARRIED FOREIGN COUNTRY U.S.A. Korea DIVORCED Balto. Co. 126 USUAL OCCUPATION (TYPE OF WORK IR CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Housewife Tartonhill Homekeeping Perry Hall USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE 13b. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 7930 Tartonhill Rd. 2/128 Md. Balto. Perry Hall 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Myoung Soo Ji Choon Hak Song 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 219-76-2927 James So 4930 Tartonhill Rd. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian Undetermined manner 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Woodlawn Balto. Mi. 9/22/85 Woodlawn Cem. BP 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lassahn Funeral Home 11750 Belair Road 2/087 (VR A15 ME (5.1

20M 4 / B2

STATE OF MARYLAND



S1	ATE O	MARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR	
1 -	STATE	
	REGISTRAR	
	RECISTRAN	

CERTIFICATE OF DEATH

R	EG	, N	0.	

LILLIAN SOLOMON SEPTEMBER 19,1985 1:30 P	REGISTRAR		CERTIFICATE OF PEATIT	REG. NO.	
LILLIAN  SOLOMON  SEPTEMBER 19,1985  1:30 P  FEMALE  CAUCASIAN  OCT. 22** 1915*  SOLOMON  SEPTEMBER 19,1985  1:30 P  SEX  FEMALE  CAUCASIAN  OCT. 22** 1915*  SOLOMON  SEPTEMBER 19,1985  SALTEMBER 19,1985  SOLOMON  SEPTEMBER 19,1985  SALTEMBER 19,1985  SAL	DECEASED NAME	FIRST MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
BRITHPIACE (THE DEFONDED)  BRITHPIACE (THE DEFON		ILLIAN	SOLOMON	SEPTEMBER 19,19	985 1:30 P,
REMARKE   STATUL OF INTERIOR   NOT   NAMED   NEVER MARKED   NEVER	. SEX	4 RACE			
MARRIED   NEVER MARRIED   NEVE	FEMALE	CAUCASIAN	OCT. 22°, 1915°	1 69 1	ONTHS DATS HOURS MIN.
NAME OF LOSS   NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION   174 SUBJECT OF BUSINESS OF STATE ADDRESS   175 STATE AD			RY? 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
BALTIMORE 2400 LIGHTFOOT DR. 21209  SUAL RESIDENCE (IF NORTH SCHIULING OF RESIDENCE BEORG ADMISSION)  MARY LAND  BALTO.  BALTO.  BALTO.  BALTOMORE  AND LIGHTFOOT DR. 421209  BALTO.	NEW YORK	USA		BALTIMORE CO	UNTY
DATA ASSENDED  BALTIMORE  2400 LIGHTFOOT DR. 21209  STATISTICIAN  DATA ASSENDED  STATISTICIAN  DATA STATISTICIAN  DATA STATISTICIAN  DATA ASSENDED  STATISTICIAN  STATISTICIAN  DATA STATISTICIAN  DATA ASSENDED  STATISTICIAN  DATA STATISTICIAN  DAT	CITY OR TOWN OF DE				
BATTOMORE    134 INSIDE CITY LIMITS   134 STEED ADDRESS TREE OF DR. #21209    AMOUNT   135 SAME   135 MOTHER'S MAIDEN NAME   136 SOCIAL SECURITY NO.   13 MOTHER'S MAIDEN NAME   136 SOCIAL SECURITY NO.   13 MOTHER'S MAIDEN NAME   136 SOCIAL SECURITY NO.   14 INFORMANT   MILTON SOLOMON'S   13 MOTHER'S MAIDEN NAME   134		2400 LIGHTFO	OT DR. 21209	STATISTICIAN	DATA ASSEMBL
SAMUEL  SOLOMON  ROSE  TIRKELTRAUB  WAS DECASED EVER IN U.S. ARMED FORCES? (15 NO OF UNANDOW)  WAS DECASED EVER IN U.S. ARMED FORCES? (15 NO OF UNANDOW)  (17 YES, ONE WAR OR DATES)  NO  17 INFORMANT MILTON SOLOMON SSS  NO  18 CAUSE OF DEATH IERRE only one couse per life to the life and life and life.  DUE TO, OR AS A CONSEQUENCE OF  (10)  DUE TO, OR AS A CONSEQUENCE OF  (10)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  210 IF YES, WERE FINDINGS USED IN CERTIFICING CAUSES OF DEATH?  YES NO  190 AUTOPSY?  210 IF YES, WERE FINDINGS USED IN CERTIFING CAUSES OF DEATH?  HOUR AM, MONTH DAY YEAR  191 IN INDIVIDUOL IL EXAMPLES  211 INJURY OCCURRED  212 IN INDIVIDUOL IL EXAMPLES  213 INJURY OCCURRED  214 INJURY OCCURRED  215 FINDING LAB PART 1:00 PART 2:00 PART		136 BALTO. BALTIM	ANH 1138 INSIDE CITY LINUTS?	13. 2746TO PRESENTE OOP	DR. #21209
SAMUEL SOLOMON ROSE TIRKELTRAUB  ROSE  ROSE ROSE ROSE ROSE ROSE ROSE RO		MIDDLE LAST			1457
EXAMPLE PROCESSED EVER IN U.S. ARMED FORCES?  IND  18 CAUSE OF DEATH (Enter only one course per later before the course for later)  19 0906 PITTSFIELD RD. BALTO. MD 21208  18 CAUSE OF DEATH (Enter only one course per later before the course for later)  19 0906 PITTSFIELD RD. BALTO. MD 21208  18 CAUSE OF DEATH (Enter only one course per later before the course for later)  19 CONDITIONS (IN)  19 CONDITION OF AS A CONSEQUENCE OF  10 DUE TO, OR AS A CONSEQUENCE OF  11 DUE TO, OR AS A CONSEQUENCE OF  12 DUE TO, OR AS A CONSEQUENCE OF  13 DUE TO, OR AS A CONSEQUENCE OF  14 DUE TO, OR AS A CONSEQUENCE OF  15 DUE TO, OR AS A CONSEQUENCE OF  16 DUE TO, OR AS A CONSEQUENCE OF  17 DUE TO, OR AS A CONSEQUENCE OF  18 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  19 DUE TO, OR AS A CONSEQUENCE OF  10 DU					
18 CAUSE OF DEATH IENTER ONly one couse per limit of the land of limits of limits of the land of limits	WAS DECEASED EVER		ECURITY NO. 17 INFORMANT MI		
SECULE OF DEATH LENTER and you are cause per limit to the limit of the and its part in the limit of the dote on the dote on the dote on the outer on the and its part in the limit of the dote one of the part in the limit of the and its part in the limit of the lim		212 22			O. MD 21208
PART L. DEATH WAS CAUSED DY:    IMMEDIATE CAUSE (0)	TIN CALIFFORDEAT	7.10		/ / /	APPROXIMATE INTERVAL
OR CONTRIBUTING CAUSE OF DEATH  (IF BETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)  22d I certify that	PART 2. OTHER SIGN	(c)	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART 110
OR CONTRIBUTING CAUSE OF DEATH  (IF BETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d I certify that  22d I certify that	19a DATE OF OPERA	ION 196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED		
OR CONTRIBUTING CAUSE OF DEATH  (IF BETHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d I certify that  22d I certify that			1		
270. DECREE ATTENDING V MEDICAL STAFF PHYSICIAN IN DIRECTOR PHYSICIAN PHYSIC	00.000000000000000000000000000000000000	AUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	JKKED (ENTER NATURE OF MURY IN ITEM 18 PA	RT I OR PART 2)
27a I certify that white he deceased from the deceased from the causes stated above. It was a did appear to the data the deceased from the causes stated above. It was a did appear to the data	21d INJURY OCCUR				
22b. SIGNATURE  THE CONTROL OF THE COURSE STATE  THE COURSE STATE SIGNED  ATTENDING & MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN   9/20/85  22d PHYSICIAN S NAME (TYPEOR PRINT)  22e ADDRESS  Do F Union of the dote and hour and from the courses stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and hour and from the course stated and the dote and the	WHILE TO NOT WE	LE CAT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE
DEGREE  ATTENDING & MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN   9/20/85  27d PHYSICIAN   NAME   11/PE OR PRINT)  PAY BURIAL, CREMATION, REMOVAL   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION	22a I certify that	1 1 1 1 1 1 1 1		) to 000 1	
226. DATE SIGNED  ATTENDING & MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 9/20/85  220 PHYSICIAN'S NAME (TYPEOPPRINT)  220 ADDRESS  BURIAL, CREMATION, REMOVAL 236. DATE  230. NAME OF CEMETERY OR CREMATORY 230 LOCATION 1	saw the deced	d live of vew the body of er death	9 0 and that in (my) (our) opinion	on death accurred on the date and hour	and from the causes stated
PHYSICIAN   DIRECTOR   PHYSICIAN   9/20/85  22d PHYSICIAN   DIRECTOR   PHYSICIAN   9/20/85    Physician   Physician	226. SIGNATURE	MIMILLETA	MA \		22c. DATE SIGNED
BURIAL, CREMATION, REMOVAL 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION 1		Ulli	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/20/85
10. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION D	22d PHYSICUMYS N			. 1 5.	71 1
CITY OR FOWER STATES	10,6	Wheelessyn	MD YOIEU	inventy PKy	Some Mr.
			23c. NAME OF CEMETERY OR CREMATOR		L'OHNIA STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal PORTANT If hem 21 is

TO HOSPITAL

BP.

9/20/85 BURIAL

23c. NAME OF CEMETERY OR CREMATORY

CITY OF TOWN

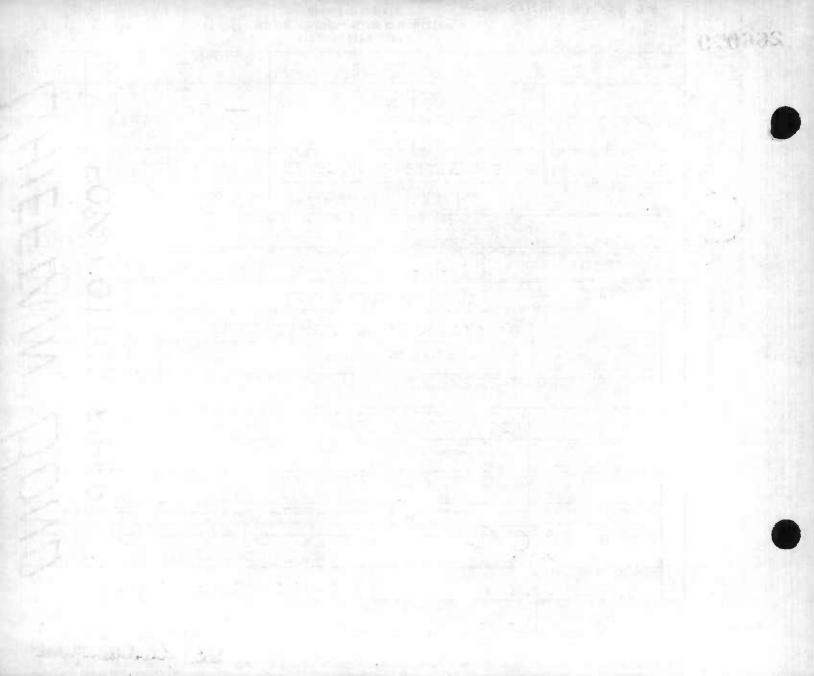
24 FUNERAL DIRECTOR SOL LEVINSON & BROS, , INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

BALTIMORE MARYI BY REGISTRAR 256, REGISTRAR S SIGNA 25a DATE REC'D. . . www.soon-fandelle SEP 2 4 1985

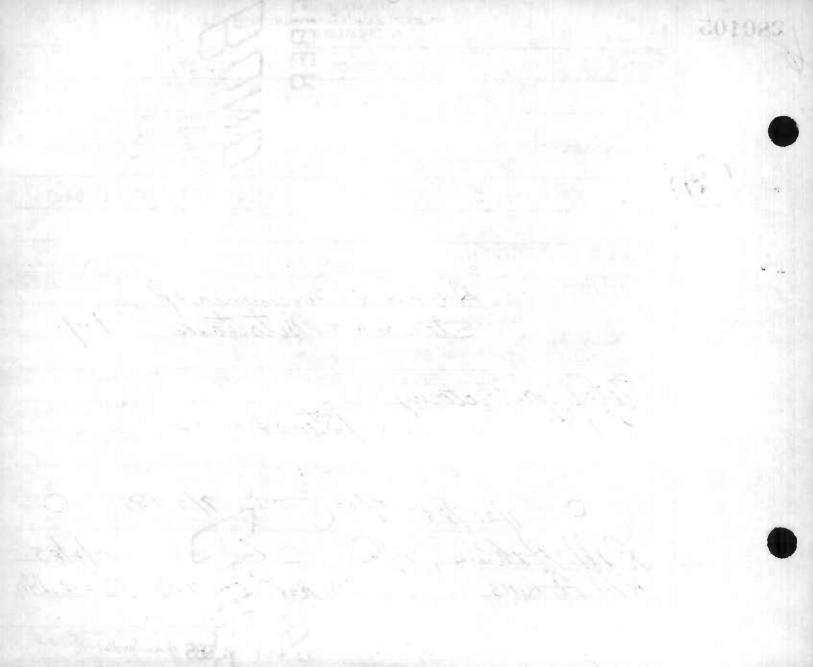
K L

263147	1	FOR		DEPARTMENT OF HEALTH			4051	
MATTER	1-	STATE REGISTRAR	MEI	DICAL EXAMINER'S	ERTIFICATE OF	DEATH REG. N	NO.	
		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 25 HOL	UF
Man & E	(TYF	JAV	hes	v. St	ANGLER	OF ESTI- DEATH MATED	· 914 1,85 730	24
FEASE FILES STREET,	3. SE	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHOAY) MONTH			MONTH DAY YEAR 26 HOL	U
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_ 332 ES 2/	70 B	IRTHPLACE (STATE OR	76. CITIZEN OF WE		IED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
は東京を		aryland	U.S.A.	WIDOW	=/	- BAITIME	RE COUNTY	AAE
2 H H G - 1/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR OTH	ER INSTITUTION I	20. USUAL OCCUPATION (T	TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY	
3825	16	ALTIMORE	8033 Ban			Shipping Cles		
- 65789907		AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION)			21101	-
SE S	130. 5	MO BALT	IMORE	BALTI MORE	YES NO X	8033 BA	NK STANDAY	
DA FESSER	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST	
A SE SE		HARLES	W.	SPARGLER	EDITH	<u> </u>	KEENEN	
W SERVER IN	160 \	WAS DECEASED EVER IN U.S. A 'ES. NO, OR UNKNOWN) (IF YES. GIV	RMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE		
BALTIMORE RRS AFTER DEA B. GIVE PAGES WITH FORM T. PAGES 1 DIVISION OF		No		212-07-5966	John S. Sp	angler Sar	me as 13e	_
: 5 m ≥ F. □		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line	far (a), (b), and (c).)	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	L ATE
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. WER ALONG W WER ALVIGEN IT. AL HYGIENE, D REMOVAL.			ATE CAUSE (a)	ARDIO PULMONAL	24 HARE	57		
S ZZKEYO				AS A CONSEQUENCE OF				
DI W. PREST ED WITHIN : J PENCIL IN J PENCIL IN L - TRANSIT MENTAL HY WENTAL HY V, OR REMO	1.0	Canditians, if any, whice gave rise to immediate		DEVERE / MAI	NUTRITION			
W. W. W. W. M. W. T. W. T. W. M. W. M. W.	T.	cause (a) stating the unde lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF				
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RECORDS, 201 W.  ID BE EXECUTED W PENDING" IN PEN O AS A BURIAL - TR A EALTH AND MENI CREMATION, OR		PART 2 DIHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PART	) (a),		
ECORD O BE EXE ENDING MEDICA AS A BI SALTH A CREMA	O N	RESOLUTION AND	PERMIT					
ED A HEA	18	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?	
DIVISION OF VITAL RECORDS  R. THIS CERTIFICATE SHOULD BE EXE (TE, WRITING THE WORD "PENDING RWARDED TO THE CHIEF MEDICA R. PAGE 3 SHOULD BE USED AS A BL E STATE DEPARTMENT OF HEALTH AD D, 21201 PRIOR TO BURRIAL, CREMA'	CERTIFICATION						YES NO	
A PERMIT	1 2	210 EXTERNAL CAUSE WAS	216 TIME OF	INJURY 21c HO	OW INJURY OCCURRED	CENTER NATURE OF INJURY IN ITEM 1	18 PART 1 OR PART 2)	
SET OF THE OWNER OF THE OWNER	3	UNDERLYING OR CONTRIBUTING CANSE OF						
S CERTIFIC RITING TH RDED TO SE 3 SHOU TE DEPART	MEDICAL	216 INJURY OCCURRED			CATION	CITY OR TOWN	COUNTY STATE	
DIN HIS C WRIT WRIT ARE ATE 1201	2	AT WORK AT WORK	O SIREET, FACT	ORT, PARM, ETC.)	) INCE!	CHYORIOWN	COUNTY	E
DI DATE, THIS ( DATE, WRI FORWARD OR: PAGE HE STATE (ND, 21201		226. I certify that I taak cha		cribed abave, held an Autap	sy , Inspection		and in my apinian	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WITH THE			ural causes	Acordent . Suicide		Undetermined manner	l my apiman	
EXAMI CERTIFI- ULD BE DIRECT J. WITH WARYLA		death resulted fram: Nat	oral causes (E.),	Accident (L), Suicide	TITLE (SPECIFY)	Ondetermined muniter	1 1	
X S S S S S S S S S S S S S S S S S S S	10	ACTUAL	nnul	H	D CONTROL OF COURT	MEDICAL EVALUATED	DATE 9/14/85	
SHOW SHOW	1/	SIGNATURE.	100	M	1.0.	_MEDICAL EXAMINER	SIGNED TO THE SIGNED	_
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	1	EXAMINER'S NAME (TYPE OR PRINT)	MNIE	HOEF	ADDRESS 6806 M	OKNINGTON R	LD, BACTO, MO 21227	1
PAGE E	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY C		23d LOCATION CITY OR TOWN	COUNTY STATE	
BP		urial UNERAL DIRECTOR Duda	9/18/85	Moreland Me	morial Park	Baltimore,	Maryland	_
DHMH - 17			-Ruck, Inc	, Maryland 21222	TO CHO	9 9 6 6 6 6 6 6	OISTRAN S STONATURE	
(VR A15 ME (5)) 20M 4/82		922 Wise Ave.	Daltimore,	, maryrand zizzz	OLI	1 0 1300 0		

STATE OF MARYLAND



280105	- STATE REGISTRAR	DEI AN	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
000 de 00	1. DECEASED NAME FIRST	WIDDLE	SPIOCH	SEPT. 27, 1985
ge 4 may	MALE	4. RACE CAUC	5. DATE OF BIRTH DECT. 20, DAY 1934	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS TO YES.
Port of the Port o	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD.	76 CITIZEN OF WHAT COUNTRY	Y? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED \$\frac{100}{200}\$	9 BALTIMORE CITY OF COUNTY OF DEATH
offer d	BALTIMORE	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION 126, KIND OF BUSINI UNEMPLOYED INDUSTRY
24 hour	SUAL RESIDENCE (IF NURSING HOM)	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO ALT IMORE	OPE ADMISSION)  136. INSIDE CITY LIMITS?  YES NO Y	814 NORSHARUP LN. 21221
mpletely and 2 str	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME MIDDLE LAST
n and ca	160, WAS DECEASED EVER IN U.S. (YES, NEOUNKNOWN) (IF YES.			SPIOCH 2710 southbrook R
tow requires that the death ce been signed by the attending rimit. Then please remave carb prior to burief, cremation, or any injury, or other traumatic.	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ  (b)  DUE TO, OR AS A CONSEQ  (c)  TO CONDITIONS CONTRIBUTING TO	MACA THE SUIT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1:0  200 AUTOPSY?  200. IF YES, WERE FINDINGS USEIN CERTIFYING CAUSES OF DEA
ATENDING PHYSICIAN: The Ispatol or attending physician. CTOR: After this certificate had for use as the burial-transit part of Health and Mental Hygient of Health and Mental Hygient n 21 is marked or item 18 shown	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (i) his has sow the deceased alive above. (i) (we) (did) (did)	HOUR A.M. MONTH  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE ospital) attended the deceased from	DAY YEAR  19  211 LOCATION SIREET  ond that in (my) our) opinio	YES NO YES NO NO PREED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY  The state of the state o
TO HOSPITAL OR A retained by the hospital OR A TO FUNERAL DIRES should be detached with the Store Dept IMPORTANT: If here	226. SIGNATURE  226 PHYSICIAN'S NAME OF		ATTENDING PHYSICIAN  220 ADDRESS  SSON A  NAME OF CEMETERY OR CREMATORY  OLY ROSARY CEM	BROADWAY BALTO,
	I KIIDIMI	110/1/00 INC	ULI KUSAKI CEN	IDALITHUKE CU. MD.



STATE OF MARYLAND

Film G608 item 17

(VRA 15, 4)

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20-21-20 Cod 20-15-00

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MER

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

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Paul	7		

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1		REGISTRAR				REG. NO.		
Н		CEASED NAME FIRST	WIDDLE	LAS		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	TLANE	YAZ.	ER	STAND	IFE 2	9/6/1985		7.00 pm
1	1.583		4 RACE	5 DATE OF	4 1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
J		FEMALE	BLACK	MONIH	171.03	82 YRS		HOURS MIN.
Я			76 CITIZEN OF WHAT COUN	ITRY? 8~	□ NEVER MARRIED □	9 BALTIMORE CITY OR COUN	TY OF DEATH	
ú		OUNTRY OX	UNITED STAT	WIDOWED		BALTIMORE	Coun	VTY MD.
į,	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OTHER INSTITUTION	-120 USUAL OCCUPATION		OF BUSINESS OR
	A	rbutus /	LEEDS MENCA	CTE- A	EBUTUS, M.D.	(TYPE OF WORK FOR MOST OF WORKING	(LIFE) INDUSTRY	
7		TATE -136 COUN			24 INICIDE CAVILLAITES	13 STREET ADDRESS / ZIP CO	DE	2/229
9		Md	0 ./	imora.	YES NO NO	3707 W.	Frank	lin. St
	I4 FA	THER'S NAME	MIDDLE A LAS	. +	MOTHER'S MAIDEN NA			.,
)	Sa	muel	Han	Kins	Nancy	WIDDLE	Peop	oles
П		AS DECEASED EVER IN U.S. AR	MED FORCES? - 166 SOCIAL	SECURITY NO.	7 INFORMANT	ADDRESS		
,	1	ES, NO OR UNKNOWN) (IF YES, GIV	448-	22-5641	Pete Star	ndifer 3707 u	). Frank	din St
4	16.5	18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a), I	b , and ic		Λ	BETWEEN	ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	TE CAUSE (o) CAR	DIORES	PIRATORY	ARRECT	45	5 MINT.
	34	(WAILDIS)						
		C 197	DUE TO, OR AS A CONS		EART DI	CEASE.		
ı	•	Canditions, if ony, which gove rise to immediate	(b) 136-17-6	MIC 11	L'17) 21.	2017-0		
1		couse (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF				
d		underlying cause lost	(c)	V C- K G-	Maria III			
1	-	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	IVEN IN PART 1	a
g	ô							
٦	CAT	190 DATE OF OPTRATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED		ES, WERE FINDI	
	CERTIFICATION	8/20/85	Houngulate	e small s	mel ostruction		TIFYING CAUSES YES []	NO [
2	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)	
7	A.	OR CONTRIBUTING CAUSE OF DEA	3111	H DAY YEAR				
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED	21e PLACE OF INJURY	19	III. LOCATION			
	뿔	WHILE O	(AT HOME STREET, FACTORY, O		3,19682	CITY OR TOWN	COUNTY	STATE
ı	191	AT WORK		d		0/1	0-	
d		22a.1 certify that (I) (Illumbary	6011	0-1	19 85	to 7/6	. 19.85	that (1) (ma) last
H		saw the deceased alive on above, (1) (yee) (did) (did no	L-www.thy body after death/	19 XX and	that in (my) (avr) opinion	death occurred on the date and h	aur and from the	causes stated
ı	3	228 SIGNATURE	- 1 0	De	GREE		22c DATE	SKIND
		- femile	5 mint	1.	PHYSICIAN	DIRECTOR PHYSICIAN	1/	7/85
		THE PHYSIC AN'S NAME THE	m PRIIVI)		77e ADDRESS		- 144	77
		FFEM E.	IMOKE		3455 WILKE	ENS AVE. BACTII	noke, M	0.21229

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
William C. March F. H. 4300 Wabash A

236. DATE

230 BURIAL, CREMATION, REMOVAL

Durial

Church Cemetery

23d. LOCATION
CITY OF TOWN

1/4 OKlahoma

SEP O 1005 A DEVISIONALES SIGNALES

Topic Cased Name	y	FOR - STATE REGISTRAR			DEPARTA	NENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 0	405
3. SEX		E OR PRINTI					LAST		28 100
Remale   Caucasian   Cotober 16 0 1904   14 8 80   VRS   COUNTY OF DEATH   The COUNTRY?   Representation of the Country   16 CITIZEN OF WHAT COUNTRY?   18 COUNTY OF DEATH   The NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   17 BALTIMORE CITY OR COUNTY OF DEATH   The NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   18 USUAL DCCUPATION   17 BALTIMORE CITY OR COUNTY OF DEATH   18 STREET ADDRESS / ZIP CODE   THOUSE OF DEATH   18 COUNTY OF DEATH   18 STREET ADDRESS / ZIP CODE   THOUSE OF DEATH   18 COUNTY OF BEALTHORY   18 COUNTY OF BEALTHORY   18 COUNTY OF STREET ADDRESS / ZIP CODE   18 STREET ADDRESS / ZIP CODE   2100	3 SE				IIIC DCC	_	OF RIPTH		
The BIRTHPLACE   STATE OFFORM   The CITIZEN OF WHAT COUNTRY   Maryland   The COUNTRY					an a	AACONIE	DAY YEAR		
Baltimore    S519 Old Court Road   Homemaker   INDUSTRY   INDUSTRY	70. B	IRTHPLACE (STATE C	PR FOREIGN 78	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	
136 STATE   136 COUNTY   136 STATE   136	Ba	ltimore		5519 Old	Court Road	ADDRESS)	OR OTHER INSTITUTION	LITYPE OF WORK FOR MOST OF WORKING	
Charles Beggerow  Theress Lipott  Theress Lipo	13a <b>M</b> a	ryland	13b COUNT	Υ	13c_CITY OR TOW	V	YES NO		ad 2120
TES NO OR UNKNOWN  (IF YES GIVE WAR OR DATES)   216-12-7738   5519 Old Court Road   Baltimore   Maryland	2.5	FIRST	NOW MI	DD1E	LAST				LAST
PART I. DEATH WAS CAUSE OBY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Outer To, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  THE DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  THE DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  THE DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  THE DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  TO CONTRIBUTING CAUSE OF DEATH NO DEATH HOUR A.M. MONTH DAY YEAR  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0  TO CONTRIBUTION CAUSE OF DEATH NO DEATH HOUR A.M. MONTH DAY YEAR  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITIONS		YES NO OR UNKNOWN)							
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 210 ACCIDENT WAS UNDERLYING 210 ACCIDENT WAS UNDERLYING 210 ACCIDENT WAS UNDERLYING 210 CAUSE OF DEATH 310 OR CONTRIBUTING CAUSE OF DEATH 411 CAUSE OF DEATH 412 CAUSE OF DEATH 413 CAUSE OF DEATH 414 CIFETHER NOTIFY MEDICAL EXAMINER) 415 P.M. 416 PLACE OF INJURY 416 COUNTY 417 CAUSE OF DEATH 419 CAUSE OF INJURY 419 CAUSE OF DEATH 4		gove rise to in couse (o), sto- underlying cou	ny, which mmediate ting the se lost.	DUE TO, O  (b)  DUE TO, O  (c)	r as a conseque	NCE OF	1		
210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY   210. TIME OF INJURY   210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY   210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY   210. ACCIDENT WAS UNDERLYING   210. ACCIDENT WAS UNDERLYING WAS	ATION						-	20a AUTOPSY? [20b IF )	YES, WERE FINDINGS USFI
White   NOTWHITE	CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH DA			YES NOW	YES NO
	MEDIC	ZIE INJURY OCCU	RRED	71e PLACE	OF INJURY			CITY OR TOWN	COUNTY
DEGREE THE DAY SIGNED		Pira BHYSICIANIS P	YU	his	11		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/24/8

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

784 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

236 DATE

9-25-85

23a. BURIAL, CREMATION, REMOVAL

Burial

Loudon Park Cemetery Baltimore Baltimore Maryland ectors, Inc.

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE and 21133

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## June. Radvik Naria Shein

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BALTO., MD

21215

STATE OF MARYLAND

FOR

(VRA 15, 4)

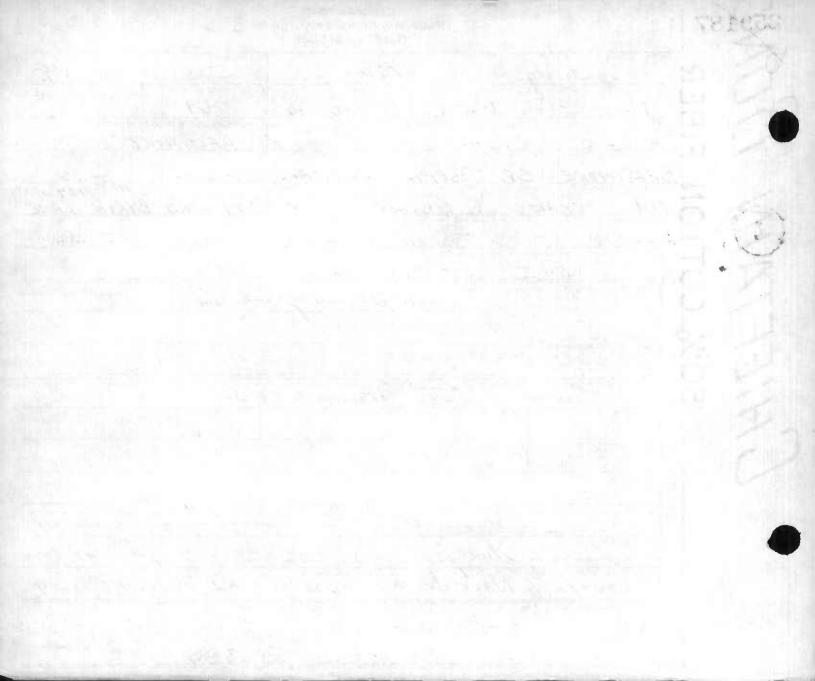
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259187		STATE OF MARYLAND	8 6 5 8
KO3101	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸 😂 🚣	4000
	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	65
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De 0 = 0 = 0	Ma.	my C Staller Sept. 11	1985 2-AM
ê de	3. SEX	RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 20	Mals	WHITE 88 06 16 69 YRS	MONTHS DATS HOURS MIN.
1120	74 BIRTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNT	TY OF DEATH
4 11 9	MARYLAND	U.S.A. WIDOWED DIVORCED BALTIMON	er Equaty mo
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION	12h KIND OF BUSINESS OR
- 1 ti AV	A DITIMARE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ST. JOSEPH HASPITAL SELF EMP.	INFE) INDUSTRY
120	USUAL RESIDENCE (IE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS	APT MAINES
0 7 13 76	130 STATE	UNITY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c STREET ADDRESS / ZIP COI	DE 109 3103
NY / WALL		7LTU COCKEYSVILLE YES INON 329 LORD	DYKON LANE
AN	14 FATHER'S NAME	MIDDLE LAST FIRST MIDDLE	IAST
* * * * (AM)	HARVSY	T. STULLER Annie V.	FISHPAW
ORE.	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
IMC		WIT AIT OF TITE I AMILY RECORDS	
BALT icate icate oope oval. nt, th		only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., E	PART I. DEATH WAS CAU	ISED BY: Cleute Tulmonary Combolism	
N Cer ding or re aric e	171716	DUE TO, OR AS A CONSEQUENCE OF	
STC eath them them on,	Conditions, if any, which	( ) (b)	
PRE he a mati	gave rise to immediate couse 10%, stating the		
W. by the sort to	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
201 es the pled priol	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G	IVEN IN PART I/o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The low requires that the death certificate and physician cartificate by single by the attending physician global pages to stream the please remove corban pages. The please remove corban pages and the please remove corban pages and the please remove corban pages. The please prior to buriof, cremation, ar removal.  In and Mental Bygiene prior to buriof, cremation, ar removal.		hous of Lever arteroschota CV Des	TYPIA IIA LOKI 110
w re been mit. T	190 DATE OF OPERATION		ES, WERE FINDINGS USED
REC	FIC	TO CERT	TIFYING CAUSES OF DEATH?
VITAL	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		
DE VITA Dhysicic physicic physicic physicic physicic tal Hygic tal Hygic			PART OR PART 2)
N SIC ng central Aenth	OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED		
PHY rendi	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN	COUNTY
NG NG Oster	AT WORK		0
TEND ntal o OR o OR o Thea		on	19 that w (we) lost
CTC CTC CTC CTC CTC CTC CTC CTC CTC CTC		(and the body after death / )	
O PIRE DIRE	27k SHGNATURE	DEGREE  ATTENDING _ MEDICAL _ STAFF _	224 DATE SIGNED
	/ estre	PHYSICIAN   DIRECTOR   PHYSICIAN	9/11/85
HOSPITAL med by the FUNERAL vid be detailed by the State CHIANT	THE PHYSICIAN'S NAME ITT	PE OR PRINTI	100 2 .
0 0 0 0 4	LESTER	A. WALL Sr. MD 7620 York Rd rows	4 MO 21204
5 5 5 4 3 3	230 BURIAL, CREMATION, REMOV	AL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 238 LOCATION	
BP	BURIAL	9-14-1985 DULANSY VALLSY TIMONIUM F	LALTO MARYLAGO
	24 FUNERAL DIRECTOR	250 DATE REC'D BY REGISTRAR 25b REGI	STRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	EVANS CHAPSI	OFCHIMSS 2325 YORK ROAD SEP 13 1985 Guha	Davidson-Manders
1	CALILIO CLILITY	CHILL MODOOD TOTAL TOTAL TO BOOM	

STATE OF MARYLAND



Fink Glen Burnie Md 21061

1 - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Raymond C

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

TOTAL TRANSPORT TO THE TOTAL THE TOT

, Weithic (39) Wh

6011		FOR 9-13-85	D.W. DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	
311	1	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26, HOUR
oth o	-	TYPE OR PRINT)  FIRM	IV A	SZWEDA JA.	9 8 85 13/4
à com	3	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24
ector, irs ofte		m	CAUC	MONTH DAY YEAR	YRS. MONTHS DAYS HOURS
Poor Hou	217	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
death death	9	USA MD	USA	WIDOWED DIVORCED	Baltimore County
s offer by the filled with holified	28	TO WSON, MD	(IF NOT IN SUCH FACILITY, GIVE STRE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LIST LIMPATOR APTLES APTLOST  LIST LIMPATOR APTLES APTLOST
24 hour	35	3a. STATE TSW COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO JNTY 13c. CITY OR TO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 313 S, CHAPET ST, BAGO A
thin she		FATHER'S NAME		15. MOTHER'S MAIDEN N	
d with	11	Frank	Szweda	FIRST	MIDDLE
Cole	0	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	TIDITY NO 17 INCODALANT	ADDRESS
Pog Pog	1		WIT 213-14-	4585 Bernard	Szweda/313 S. Chapel S212
ow requires that the been signed by the mit. Then please cell prior to buriol, crem ony injury, or other		PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION  9/4/85  210. ACCIDENT WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
he lo on. has there		9/4/85	CORONARY	ANTERY DIS UNSTABLE!	IN CERTIFYING CAUSES OF DEATHS
JAN: Tohysic ohysic ficate frons of Hyg	/	OR CONTRIBUTION TO CAUSE OF B	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)
rSICIA ing ph certifi urial-tr Aental		(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION	
offer this os the b		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM ETC   STREET	CITY OR TOWN COUNTY STAT
ol or			pital attended the deceased from		
hospit hospit hed for ept of		sow the depended olive of obove (1) (we) (0 d3) (did )	path yew, the body after death.	DEGREE	n death accurred on the date and hour and from the causes state
0 0 0 00 -		THE SECOND SECON		ATTENDING	MEDICAL STAFF
HOSPITAL ined by t FUNERAL uld be det the State	-21	22 d. PHYSICIAN'S NAME (TYPE	OR PRINT	PHYSICIAN  22e ADDRESS	DIRECTOR PHYSICIAN 7/8/85
TO HOSPITAL retained by the TO FUNERAL should be detained with the State I MAPORTANT: H	1	1	Hanna.	> DEPT PAT	TH. ST JOSEPH NOSP TOWSON.
of of short with with	-	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION
		(SPECIFY)			CITY OR TOWN COUNTY STAT
BP		Burial	9/12/85	St. Stanislaus	Cem. Baltimore Md.

Large State of the Control of the Co

Burial

FOR

REGISTRAR

FIRST

Marie

DECEASED NAME

- STATE

(TYPE OR PRINT)

248105

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a DATE OF DEATH MONIH 26 HOUR 6.30 81 Venard Tahaney 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 26, 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ INDUSTRY Ret. NUN 13e STREET ADDRESS / ZIP CODE 4500 Frankford Ave. 21206 NO

MIDDLE

200 AUTOPSY?

ADDRESS

McGilligan

206 IF YES, WERE FINDINGS USED

21206

No	222-34-5549	Sister Frances	Paula 4500 Fra	nkford Ave.
18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per be far (a), (b) and ic   R BBY: E CAUSE (a)	Respiratory	Arrest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN	IN PART Ita

FIRST

Mary Ann

IN CERTIFYING CAUSES OF DEATH? NO YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 211 LOCATION COUNTY STATE CITY OR TOWN

occurred on the date and hour and from the couses stated

DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF

22e ADDRESS

1985

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION Most Holy Redeemer

PHYSICIAN [

CITY OR TOWN Baltimore

DIRECTOR | PHYSICIAN

Maryland

24 FUNERAL DIRECTOR

Sep 5

Baltimore, Maryland Leonard J. Ruck, Inc.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SEP 3 1095 June Davidson Hor rine Daydoon Handelle

Military a Sylv Francisco cont. 121206

STALL CLILLING

Leonerd J. Puck, Inc. paltimore, Marghand

Eastern Ave

Inc.

Sulia Davidson-Randall

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND FOR - STATE REGISTRAR

76 CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

REG. NO

SEPTEMBER 30.1985

2a DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

that the death certificate be executed within 24 hours after death. Page 4 may be by the attending physician and committee filled in by the futeral director. Sage case remove carbon absert. Page 1 according to the filled within 72 hours of the death of cremation, or removal.	On ATENDRAS PHESICAN. The law requires that the death certificate be executed within 24 hours after death, Page 4 may be necessarily a surface that has been lighed by the attending physician and comparing larger to the rolled director, page 2 acceptable to the besite fraud permit. Then please remove controlled in the similar fraud permit. Then please remove controlled in the similar fraud permit. Then please remove controlled in the similar and went of the similar fraud permit to be similar to the similar and went of the similar fraud permit to be similar to the similar and went of the similar to be similar to the similar and went of the similar to the similar to the similar and went of the similar to	2761	12
that the death certificate be executed within 24 by the attending physician and compared the case remove carbot abgest. Figure 1 carrottes of, cremotion, or removal.	My The line requires that the death certificate be executed within 24 physicians.  Throste has been ugued by the attending physician and companies the literal permit it an please remove corbinates. Figure 1 particular to burial, cremation, or removal.	hours after death. Pag	ed in by the funeral direction of the desired in the filter of the desired in th
that the death certifica by the attending physics conserve carbot and cose remove carbot and ol, cremation, or remove	The line requires that the death certifica physician. Things has been agreed by the attending physician in the presence containing the part of the physician buriol, cremation, or remove	te be executed within 24	icion and completely fill sers. Pages 1 (2)
	physician physician Thicone has been ugned trially permit. Then pill toll fragane prior to burn	that the death certifica	d by the attending after ease remave carbottable of, cremation, or remove

should be deta FUNERAL MPORTANT 0

NO ES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Canditians, if any, w gave rise to immed cause (a), stating underlying cause last CERTIFIC (IF EITHER NOTIFY MEDICAL EXAMINER) 716 INJURY OCCURRED NOT WHILE saw the deceased alive an sbove, (It live) (dide 226 SIGNATURE 224 PHYSICIAN STOLAME ITERRAL DR. LUIS ZUNIGA, M.D.

60 WAS DECEASED EVER IN U.S. ARMED FORCES

DECEASED NAME

To. BIRTHPLACE | STATE OR FOREIGN

D. CITY OR TOWN OF DEATH

CATONSVILLE

OR PRINT)

FFMALE

MARYLAND

4 FATHER'S NAME JOHN A" TEIPE

3. SEX

FIRST

CLARA

LAST TEIPE

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

SUMMITT NURSING HOME

WIDOWED

5. DATE OF BIRTH MONTH October 10.1894

BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX

BALTIMORE COUNTY 12a, USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET HOUSEWIFE

126 KIND OF BUSINESS OR INDUSTRY OWN HOME

LAST

2h HOUR

IF UNDER 24 HRS

	(IF NURSING HOME OR OTHER INSTITUTION	
ARYLAND	BALTIMORE	ARBUTUS"
AKYLANU	BALIIMUKE	AKBUTUS

MIDDLE

USA

4. RACE

WHITE

13 STREET ADDRESS / ZIP CODE 1238 LOCUST AVENUE 21227 15 MOTHER'S MAIDEN NAME ISABELLE GOCKING

ADDRESS

21229

NO [

166 SOCIAL SECURITY NO

17 INFORMANT MRS. DOROTHY TEIPE

134 INSIDE CITY LIMITS? NO X

> 1021 ST. CHARLES AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> > 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CAUSED	BY CAUSE (a) (b), and (c)	Vasculor	occident
hich	DUE TO, OR AS A CONSEQUENCE OF	tenni	
iate the	DUE TO, OR AS A CODISEQUENCE OF	1	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

98 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	I WAS PERFORMED
OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRE

D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

NOX

21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION STREET

22e ADDRESS

CITY OR TOWN COUNTY

YES [

22a I certify that (1) (this haspital) attended the deceased from

and that in (my) (aur) apinian death occurred an the date and have and Iram the causes stated DEGREE

ATTENDING

PHYSICIAN

22c. DATE SIGNED

1101 MAIDEN CHOICE LANE 21229

MEDICAL

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

10/2/85

23c NAME OF CEMETERY OR CREMATORY New Cathedral Ceme. 23d LOCATION Baltimore

DIRECTOR PHYSICIAN

STATE COUNTY

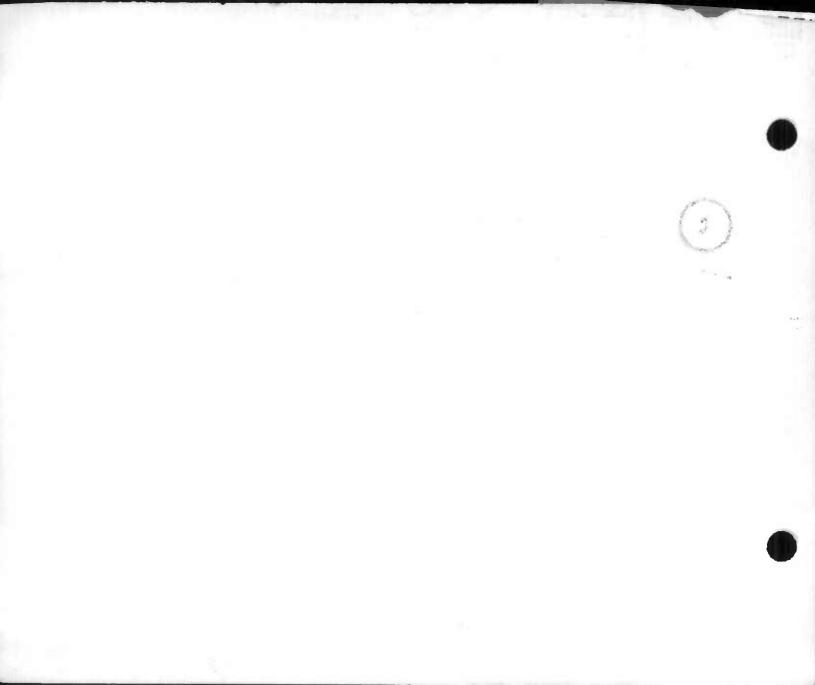
24 FUNERAL DIRECTOR

AMBROSE.

INC. 1328 SULPHUR SPRING ROAD 21227

250. DATE REC'D.

DHMH - 16 50M 4/83 (VRA 15, 4)



Cremation Society of Maryland Inc.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

Lena

DECEASED NAME

- STATE

TYPE OR PRINTS

260056

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Tenenbaum

REG. NO

2b HOUR

Md.

REGISTRAR'S SIGNATURE

20 DATE OF DEATH

BALTIMORE, MARYLAND 2120

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

## STATE OF MARYLAND

5. DATE OF BIRTH

February 3 1904

YES []

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore County General Hospital

Pikesville

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

MARRIED NEVER MARRIED

134 INSIDE CITY LIMITS?

YEAR

DIVORCED |

NO

15. MOTHER'S MAIDEN NAME

REG. NO 20 DATE OF DEATH MONTH 25 HOUR YEAR September 1 1985 & AGE IN YEARS LAST BIRTHDAY IF UNGER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife. 13e.STREET ADDRESS / ZIP CODE 4121 Ronis Road 21208 LAST 21208 Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART Ita S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES 🗍 NO [ PART T OR PART 21 COUNTY STATE that (I) (we) last or and from the causes stated 22c. DATE SIGNED

timore Maryland

FOR

REGISTRAR

7g. BIRTHPLACE ISTATE OR FOREIGN

IA CITY OR TOWN OF DEATH

I. DECEASED NAME

- STATE

(TYPE OR PRINT)

3. SEX

Female

COUNTRY Vermont

Maryland

14. FATHER'S NAME

Randallstown

	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)	GIVE WAR OR DATES)	8-18-4013	17 MFORLOGIEN 4121 Ronis		Pikesville	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		ar (a), (b), and (c).)	rleac	gree	1	BETY
	Canditions, if any, which gove rise to immediate cause [a], stating the underlying cause last	(b)	A CONSEQUENCE OF	Le Coronas	Lisy	presien.	3
NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE	TERMINALDISEASE	OR CONDITION GIVEN	IN PA
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTO	PSY?   20b. IF YES, W IN CERTIFY IN YES [	IG CAI
EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M.		21c. HOW INJURY OC	CURRED (ENTER NAT	URE OF INJURY IN ITEM 18 PART	I OR PAR
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE ALL WORK	21e PLACE OF IN. (AT HOME, STREET, FAI	JURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	,	CITY OR TOWN	COUNT
ERAL DIRECTOR: All editoring the deformed for use of deformed for use of the deformant: If them 21 is more than 1 is more than	22a.1 certify that (I) (this ha saw the deceased alive	~ /-	19 55	nd that in (my) (aux) api	nian death occurred	d an the date and have on	od from
	226. SIGNATURE	Pakal	aus	DEGREE ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	9.
	274 PHYSICIAN'S NAME (11)	E CR MINT)		are ADDRESS	uster	Lown &	0
	BURIAL, CREMATION, REMOV (SPECIFY)	AL 236. DATE	The second second	EMETERY OR CREMATO		OR TOWN C	OUNTY
	UNERAL DIRECTOR Loring	47 01 03			. DATE REC'D. BY RE	EGISTRAR 751 REGISTRAR	WS SK

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Forest A. Tetrault

4 RACE

U.S.A.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136, CITY OR TOWN

Baltimore

Caucasian

The second secon						
HORIT IN ADMINISTRATE AND ADMINISTRATE OF A STATE OF A						
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AND DESCRIPTION OF THE PROPERTY OF THE PROPERT						
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						the right
	Danie Sant		un stad for	5 E704—31-370		
				5.4.7		
The second se						

			STATE OF MARYLAND		
254109	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5	2 4 5 6 5
		CEASED NAME FIRST	MIDDLE	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
9/20	(ITPE	John John	1 H. Thomas		9-4-85 830
ector, pa	3. SE	M	A RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	
a diplo		RTHPLACE (STATE OF FOREIGN	25 CITIZEN OF WHAT COUNTRY? 8	9 BALTIMORE CITY O	OR COUNTY OF DEATH
ne oth		COUNTRY) VA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balti	more Co. MD.
with for	10.C	OWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS)  STELLAR MARKETS NO SPICE	120 USUAL OCCUPATI	WORKUIG (18E) INDUSTRY
120	USU.		ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION   13d INSIDE CITY LIMITS?	There !	man Bull
ANO S		1 d	Ballo YES NO	13e STREET ADDRESS	Lawelyn Gr
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The law requires that the death certificate be executed that this certificate has been signed by the offending physician and committee has been signed by the offending physician and committee has been signed by the offending physician and committee has been signed by the offending physician and committee has been signed by the offending physician and committee has been signed by the order or removal.  The nad Mental Hygiene prior to buriol, cremation, or removal.  The nad Amental Hygiene prior to buriol, cremation, or removal.	14. F/	MATTHEW	MIDDLE THOMAS 15. MOTHER'S MAIDEN NA	S/1001E	'MAN LAST
RE, A		VAS DECEASED EVER IN U.S. AF		ADDRE	55 00 0
Own.		res, no or unimown) (IF Yes, GI	VE WAR OR DATES) 217-07-1242A CLARA	I han AS 1	714 Henlyn of
ficate I ficate I popersion naval.		PART I. DEATH WAS CAUSI		CARDÍO VI	ASCULA RAPPROXIMATE INTERVAL
N ST Certifing I		IMMEDIA	TE CAUSE (a) TRIBITOSCIETO OTIC	873000	
estol death offend ove ca frion, o	13	Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF		
PRE d he o he o emo emo tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
hot hot lby lby lby lby lby lby lby cret	14	underlying cause last.	(c)		
ps, 20	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
Boen mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
Ne lo on.	Ī			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO
VITAL  N: The rysicio ricote h ronsit Hygie 18 sho	GE	210. ACCIDENT WAS UNDERLYING		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)
TYSICIAN: Ang physis as certifical burial-from Mental Hy re them 18:	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		
PHYSI ending this ce burind Merind Me	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
AG PH after the street of the and arked of the arked of t	2	AT WORK NOT WHILE AT WORK	The rolling states, the court, of the states and states are		
NOIR R. Al			oital) ottended the deceased from 8 / 6	, to 914	, 19_65_, that (1) (we) last
Spiro CTO CTO of hor		saw the deceased alive ar obove, (I) (we) (did) (did no	n 9/4 1985, and that in (my) (aur) opinion at) view the body after death.	death occurred an the de	ate and have and from the causes stated
AL OR ATT the hospin AL DIRECTION the Dept. of the Dept. of		276. SIGNATURE	ATTENDING PHYSICIAN	MEDICAL STAI	FF 9/4/85
Per Store		224 PHYSICIAN'S NAME (TYPE		/ / /	
O HOSPIT.  erbined by TO FUNER. should be serviced with the Service of the Servic		KEnda//	FAUIKNER 3300 Dul	aney Valle	4 Rd. 21204
		BURIAL, CREMATION, REMOVAL	236 NAME OF CEMETERY OR CREMATORY	234 LOCATION	COUNTY 1 STATE
BP	74 F	JNERAL DIRECTOR	125a DA	TE REC'D. BY REGISTRAR	25h REGINTRAR'S SIGNATURE AN
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME PLANTS	altone 12017. Contra last	P 9 1985	what widow particles

Polar St Dultimore. L. Ether Ether Ether State Control of State

250. DATE REC'D. BY

DHMH - 16 60M 7/B4 (VRA 15. 4)

24 FUNERAL DIRECTOR

The transfer of the state of th

			STATE OF MARYLAND	
6		FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😽	5 6 3
253096		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
P		CEASED NAME FIRST	MODLE LAST Ze DATE KNOWN MONTH	DAY YEAR 25 HOUR
		JAVIE	OF ESTI-	5 ,85 1030
ASE OR. URS				DAY YEAR 24 HOLLB
### ### ### ### ######################	3 SE)	MO MO	NTH DAY YEAR LAST BIRTHDAY AND THE TWO PROMISED PROMUNICED	DAY YEAR 2d HOUR
N N N N N N N N N N N N N N N N N N N		M B 3	0 1909 76 YRS. DEAD	S 19 10 1210
SI X X X X X X X X X X X X X X X X X X X			ITIZEN OF WHAT COUNTRY?	TY OF DEATH
TIS NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. ILED, WITHIN 72 HOURS RQI W. PRESTON STREET,	10	REIGN COUNTRY]	U.S.A. WIDOWED DIVORCED COUNTY	MD
ZES SE	10. C		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
ID. 21201  IF ANY DELAY IS.N. 3. RETAIN PAGE 5. SHOULD BE FILED.  A RECORDS, 201 WA RECORDS, 201 WA	1.7	urners STI	FOR MOST OF WORKING LIEE)	STEEL
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		L RESIDENCE (IF IN NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	1.0011
AND AND RETAIL	13a. S	TATE 13b. COUNTY	136. CITY OR TOWN  136. INSIDE CITY LIMITS?  YES   NO   HIT Chastnut	2010-16
MD. 3.	14. F/	THER'S NAME	15 MOTHER'S MAIDEN NAME	
F-SOE!	1	FIRST	DLE LAST FIRST MIDDLE	LAST
DEATH PARTY		John roste		K
	180. V	VAS DECEASED EVER IN U.S. ARMED F	PRATES	4
5 5 5 5		No	246-16-8607 Mrs. Lula Thompson 411	ChesTrut.
1 2 2 3 JO		18 CAUSE OF DEATH (Enter anly ane	cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F PAGE A	-	PART I DEATH WAS CAUSED BY:	Hate muroccurdial mier chian	BETWEEN ONNET AND DEATH
W. PRESTONES  W. PRESTONES  WITHIN 24 HO  WINNER A ONG  TRANSIT PERM  ENTAL HYGIENE  OR REMOVAL.	100	IMMEDIATE CA	DUE TO, OR AS A CONSEQUENCE OF	
MO MO		Canditians, if any, which	DOE TO, OK AS A CONSEQUENCE OF	
WITHIN NCIL IN INDER AINER AIN		gave rise to immediate	(b)	
* AN SELECT		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
NA PERSON		lying cause last.	(c)	
RDS, 201 V EXECUTED IGAL EXAM N BURIAL - H AND MER WATION, C		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN F REED TO THE CHIEF MEDICAL EXA SE 3 SHOULD BE USED AS A BURIAL. ET DEPARTMENT OF HEALTH AND ME OUT PRIOR TO BURIAL, CREMATION,	Z	L, -12		
A GARAGE	4 š	190, DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD ORD "PE ORD "PE USED A TOF HEA WIRIAL, C	CERTIFICATION		TW CONDITION VINCTION ENAMED.	AUTOFST:
F 38995	1 5			YES NO
PO PENERAL OF CO.		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR P	ART 2)
CERTIFICATE TING THE W SED TO THE SED TO THE PERARTMEN	MEDICAL	UNDERLYING OR CAUSE OF DEATH		
SE S	ă	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
S C C C C C C C C C C C C C C C C C C C	X	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
D THIS WR WARE		AT WORK AT WORK		
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE S		22a I certify that I took charge of t	he remains described above, held an Autapsy Inspection Inquiry and in my a	pinian
NE PER S		death resulted fram: Natural car	uses Accident Suicide Hamicide Undetermined manner	
AN A		- 0	TITLE (SPECIFY)	9/5/-
A LOUGH	1	ACTUAL SIGNATURE	DATE DATE	
SHR SHR		SIGNATURE	M.D. MEDICAL EXAMINER SIGN	EU/
W C A A D C A D C A		EXAMINER'S NAME J. CROSS	SAN A DONOVAN INTELLIZIOUNDALK AVE. B	ALT. MA 2122
DIVISION OF VITAL RECORDS, 201 W. PRESTOM-ST.  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEMS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A ONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER PRATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTMORE, MARYLAND, 2120 FRIOR TO BURIAL, CREMATION, OR REMOVAL.	72a D	URIAL, CREMATION, REMOVAL 236. DA	ATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION	
- mar = 4 m	230.B	PECIFY)	CLIY OR TOWN !	TE AA
07/84 BP	24.5	Durial		100 S 100
DHMH - 17	74	NERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 256 RECOMMENT	Marin Marin San
(VR A15 ME (5))	130	25. H. MORTON W	Jons 1701 Laurens SEP 0 500 0	



- STATE REGISTRAR

DECEASED NAME

TYPE OR PRINTS

1 SEX

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

SEPTEMBER 11. 1985

YEAR	2h HOUR	
	8:10	PA

MALE	
To RIDTHOLACE	

BLACK

4 RACE

FIRST

NEEDHAM

NOVEMBER 5, 1932

THOMPSON

5 DATE OF BIRTH

6 AGE LIN YEARS LAST BIRTHDAY!

20 DATE OF DEATH MONTH

IF UNDER YEAR IF UNDER 24 HR

COUNTRY NORTH CAROLINA 76 CITIZEN OF WHAT COUNTRY U.S.A.

ROOSEVELT

MARRIED NEVER MARRIED WIDOWED [ 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

12b KIND OF BUSINESS OR

M CITY OR TOWN OF DEATH FORT HOWARD

V.A.M.C., FORT HOWARD, MARYLAND

FOR MOST OF WORKING LIFE BARBER

AA IDDDLE

INDUSTRY Private

30 STATE MARYLAND

PRINCE GEORGESMitchellville

15. MOTHER'S MAIDEN NAME

LEATHER'S NAME

Jack X

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I, DEATH WAS CAUSED BY:

CARDETO, DETERMINE

Thompson

Lillie 17 INFORMANT

Jacobs

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO

KÖREÄN" CONFLICT 246485590 CLINICAL RECORD, VAMC, FORT HOWARD, MARYLAND

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse

DUE TO, OR AS A CONSEQUENCE OF CEREBRAL ANOXIA

IMMEDIATE CAUSE TO CARDIO PULMONARY ARREST

DUE TO, OR AS A CONSEQUENCE OF

4 MONTHS

MINUTES

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

VENTRICULAR ARRHYTHMIA

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 19a DATE OF OPERATION

216 TIME OF INJURY

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INTURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM ETC I

211 LOCATION COUNTY CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

70a AUTOPSY?

STATE SEPTEMBER

22a. I certify that (I) (this haspital) attended the deceased from ULY saw the deceased olive SEPTEMBER 11 1985 obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE

DEGREE ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIANXX

22c. DATE SIGNED STAFF 9/11/85

STATE

MARCIA A. KANE, M.D.

Sept.15.85

22e ADDRESS

Old Mill Cemetery

VA MEDICAL CENTER, FT. HOWARD, MARYLAND 23c NAME OF CEMETERY OR CREMATORY

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Burial

Goldsboro. N.C. 250 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

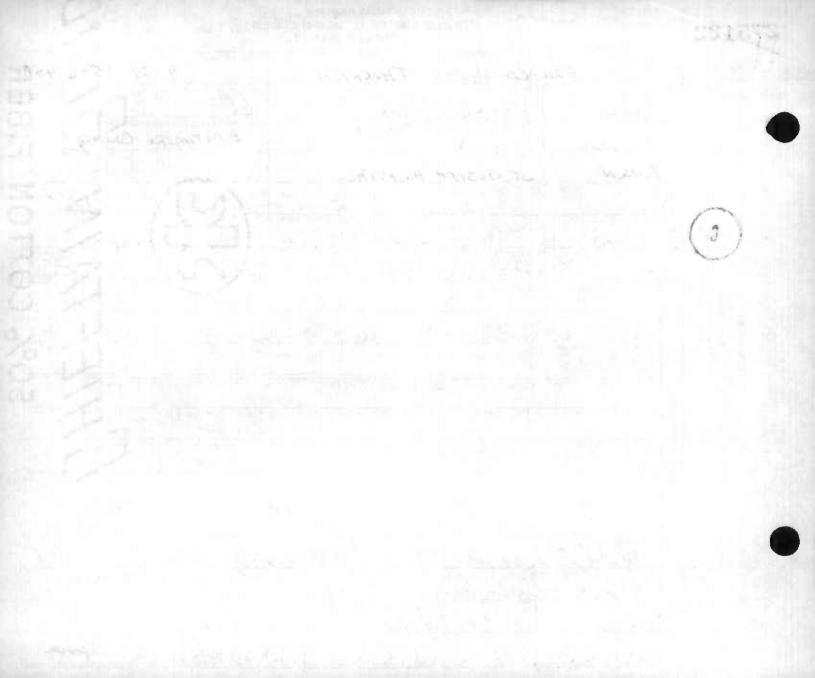
DHMH - 16 60M 7/84 (VRA 15, 4)

ld b

STATE OF MARYLAND		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	m
CERTIFICATE OF DEATH	-	

E	8	5	2.	4	5	1	U
		REG. NO.					-3

1		FOR	DEBART	STATE OF MARYLAND	CIPAL O M	0 4 6 7 11
122	1-	STATE REGISTRAR	DEPARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	. 4 0 7 0
6		EASED NAME 1961	MIDDLE	T11-0-1	20 DATE OF DEATH MONTH	29 85 6:45A
	1.560	EDWI	RACE HERMAN	C HOKNTON	& AGE. (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
,	1	MALE	Negro	APRIL 13 1919	66 YRS	MONIFIS DAYS HOURS MIN.
3	1	ROLNIA 7	CITIZEN ON WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE	
58	Nº CI	TOWSON OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ST. Joseph F	NG HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	126 KIND OF BUSINESS OR
27	OSV/	ATE THE COUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	IV. S. POSTAL	DE D121218
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	ľ	DUKIAL	CET. 3,1485 G	ARRISON FORRESI U.A	· Claras Mil	LS M.D.
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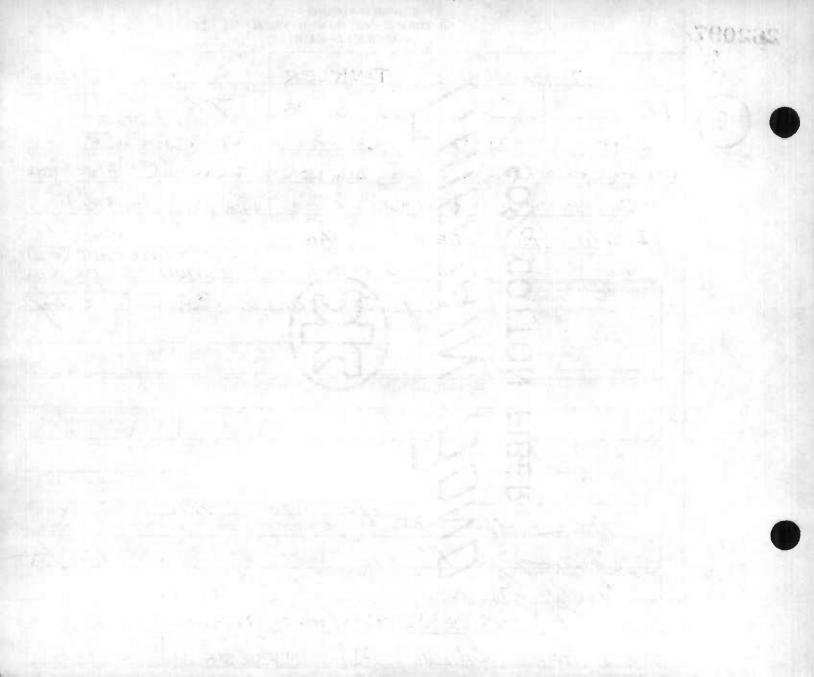
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BP		(SPECIFY) Cremation UNERAL DIRECTOR		estvi	ew Memorial	Westview TE REC'D. BY REGISTRAR		, Md. STATE

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

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270 I certify that if (this haspital) attended the deceased from 19 and that in (our opinion death accurred on the date and hour and from the causes stated above, if (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR STAFF PHYSICIAN DIRECTOR PHYSICIAN	G PH er th ond ked	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR T	DWN COUNTY STATE
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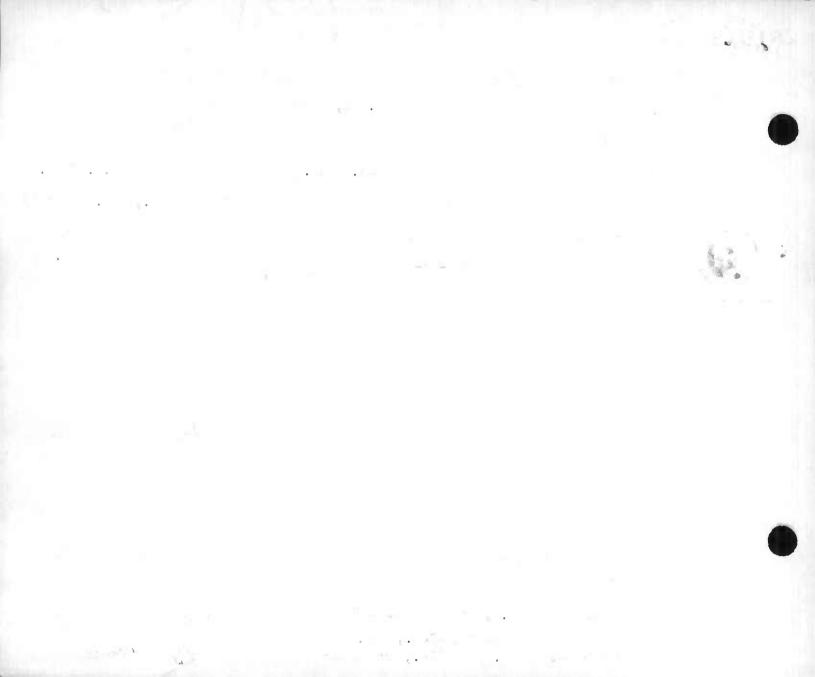
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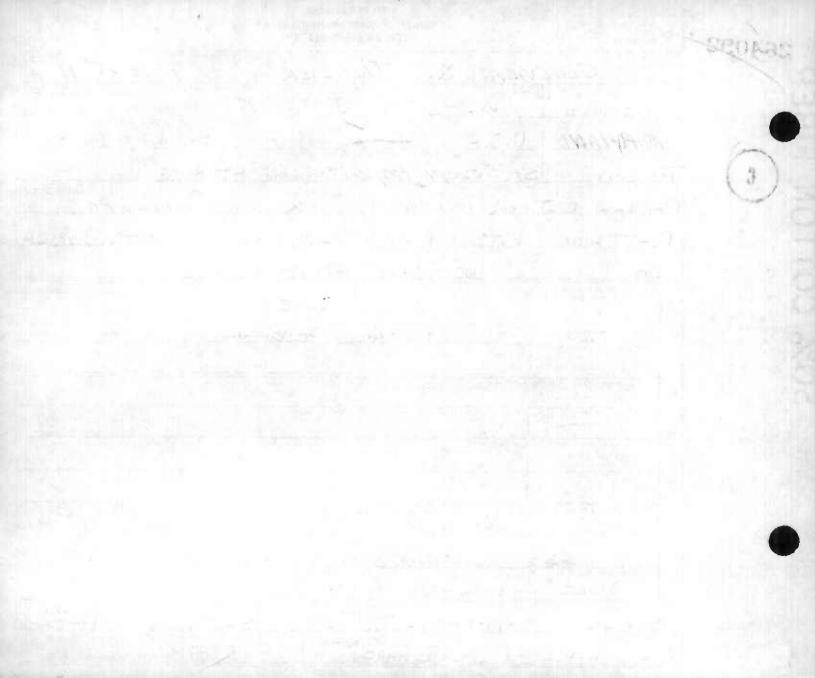
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DHMH - 16 60M 7/84 (VRA 15, 4)	5	VANS CHAPEL	OF Mamorias	HARFORD 200 8	FP 1 0 4000 / 1.	Davidson-Randall



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DHMH - 16 60M 7/ (VRA 15, 4),	′B4	24) F)	INERAL DIRECTOR	- 7527 Harfn		E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE Julia Davidson Rando 80

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January 1987 - 1987 Agraph of Pack - July - 1988

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

			REG. N	
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
KATHL	EEN M.	TREFFINGER	SEPTEMBE	R 13, 1985 9:16P M
ESEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI	MONTHS DAYS HOURS MIN.
FEMALE	WHITE	DEC. 23, 1920	64	YRS DATS HOURS MIN.
E BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMO	RE COUNTY, MD.
O. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
21234	1712 GLEN			REPRESENTATIVE
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BE		13. STREET ADDRESS	/ ZIP CODE
	LTIMORE 212	34 YES □ NOX	1712 GLE	KEITH BLVD.2123
FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N.	AME	IZAL
FREDERICK		LAND ELLEN	AMELIA	PHILLIPS
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDR	17361
NO	215-14	-4596 PHILLIP J.	TREFFINGI	ER SHREWSBURY, PA
18 CAUSE OF DEATH Enter	only one cause per line for (a), (b),	and (cv.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	ISED BY.  IATE CAUSE (a) Meta	Harrie meand: conce	1	3-4 4 ears
or other than the second	DUE TO, OR AS A CONSE	OUELIEE OF		
	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING 1	QUENCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PART 1:0
190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
0	216. TIME OF INJURY	21. //2/2/2017	YES NO	YES NO
21a. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCCU	KED (ENTER NATURE OF INJU	IRY IN ITEM IB PART I OR PART 2)
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH			
OR CONTRIBUTING CAUSE OF	NER) P.M.	19		
OR CONTRIBUTING CAUSE OF CIE EITHER NOTIFY MEDICAL EXAMI	DEATH	211. LOCATION	CITYORIC	OWN COUNTY STATE
OR CONTRIBUTING CAUSE OF	P.M.  21e PLACE OF INJURY	CE. FARM. ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
OR CONTRIBUTING CAUSE OF LIE EITHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  NOT WHILE ALWORK  220.1 certify that (1) the had sow the deceased alive	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM ETC) 211. LOCATION STREET	sept.	OWN COUNTY STATE  19
OR CONTRIBUTING CAUSE OF LIE EITHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  NOT WHILE AT WORK  220. I certify that (I) the had sow the deceased alive	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFS	CE. FARM ETC)  211. LOCATION STREET  19.83  DEGREE  ATTENDING	sept.	ate and hour and from the causes stated
OR CONTRIBUTING CAUSE OF LIE EITHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  10 NOT WHILE ALWORK  22a. I certify that (1) (4his had saw the deceased alive above, (1) (well did (did obove, (1) (well did obove, (1) (well did (did obove, (1) (well did obove, (1) (well d	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI- spiral) ottended the deceased fro on not view the body after death.	CE. FARM ETC)  211. LOCATION STREET  19.83  DEGREE  ATTENDING	deoth occurred on the d	ate and hour and from the causes stated
OR CONTRIBUTING CAUSE OF  [RETHER NOTHY MEDICAL EXAM!  21d INJURY OCCURRED    NOT WHILE   AT WORK  220. I certify that (I) (this had sow the deceased alive above. (I) (we'l) didf (did 22b. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF)  Spiral ottended the deceased fro on not view the body after death.  22 OR PRINT!	TEGREE  ATTENDING PHYSICIAN  211. LOCATION SIREET  19.83  19.83  212. LOCATION SIREET  19.83  213. LOCATION SIREET  19.83  214. LOCATION SIREET  19.83  215. LOCATION SIREET  216. LOCATION SIREET  217. LOCATION SIREET  218. LOCATION SIREET	MEDICAL STA DIRECTOR PHYSIC	ote and hour and from the couses stated  THE DATE SIGNED  FREIGHT  STATE (07, Botho, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

185 PARKWOOD CEMETERY BALTIMORE COUNTY, MARYLANI

1250. DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE

LOCH RAVEN BLVD. SEP 16 1985 Junio Davidon - Marylani

LOCH RAVEN BLVD.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME 7h HOUR TYPE OR BRINT Mrs. Patricia C. Truchon 4:42 September 6 1985 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) SEX Female July 5 1034" Caucasian 51 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? NEVER MARRIED Wisconsin U.S.A. Baltimore County WIDOWED DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING I Lady of Perpet. Baltimore County General Hospital Randallstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Mary land Baltimore Balto. County 13d. INSIDE CITY LIMITS? 21207 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Milo Clayton Imknown 17 MERCHALL W. Truchon Jr. ADDRESS 21207 ME SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 063-28-0140 7143 Bexhill Road Baltimore Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), DUE TO, OR AS A CONSEQUENCE OF Pres able (b) Bearte MII PART I. DEATH WAS CAUSED BY neces-Conditions, if ony, which gave rise to immediate couse (a), stating Carlis vas cular throis underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 1-3333 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED MCERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTHY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED FUNERAL old be dete PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS shoul 5400 Old Court Road, Randallstown, NO 21133 230. BURIAL, CREMATION, REMOVAL 236. DA

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

Burtat

8728 Liberty Road Randallstown, Maryland 21133

09-10-85

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc.

Woodlawn

250. DATE REC'D. BY REGISTRAN 256. REGISTRAN'S SIGNATURE

Baltimore Maryland

Harly of Parpot.

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circ c. alve, ... the our one, or alper, 211

Lording Sports Present I de copper, The.

254	oher death
a offer Josh, Page	thy the funeral direct lifed with PP22 hours
FRYSKIAN. The law requires that the death certificate be executed within 24 your after glath. Flage 4 may be trending physicism.	I this certificate has been upsed by the attending physician and completely fulled in by the funeral director, page 3 the funeral director page 3 the funeral free please immore carbanapers. Pages 4 and 2 should by Lied wire TP22 hours after death
h certificate be exe	ding physician and arban popert. Page
at the deal	by the other
requires th	are ugned 7. Then ples
PRYSICIAN, The law tending physician.	his certificate has be a burial-transit perm
2.5	7.2

1	- STATE REGISTRAR			DEPAKIM	CERTIF	EALTH AND MENTAL HY	REG.		7 0
	DECEASED NAME  YPE OR PRINT)  Mr	s. Mary	H. Ulr	ich	L	AST	20 DATE OF DEATH	ber 6 1985	
100	emale		RACE Caucasian	Boll	5. DATE O	er 29 <sup>AY</sup> 1901 YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) IF U	INDER I YEAR II
	aryland		CITIZEN OF WHAT		8. MARRIEL WIDOWE	NEVER MARRIED DIVORCED	Baltimore (	_	FDEATH
18	CITY OR TOWN OF ikesville	DEATH 11	NAME OF HOSPI 714 Greenwood	ITAL, NURSING	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA Sales Clerk	TOP WORKING LIFE)	12b. KIND OF E
2005 Th	UAL RESIDENCE (IF	HOURS NO FOME OR OTH THE COUNTY Baltimo	re 130 P	ESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ood Road	
1011	FATHER'S NAME	<b>Jory</b>	DIE	LAST		Mrs. Sadie (			LAST
2 160	, WAS DECEASED EV	VER IN U.S. ARME		SOCIAL SECUR 213-26-64		9102 Deborah		RESS Baltimore	Mai
	mous siss to	ony, which	(p)						
NOI	gove rise to couse (o), st underlying co	immediate tating the ause last.	DUE TO, OR AS A			NOT RELATED TO THE TERM		INDITION GIVEN	IN PART I a
2 THICATION	gove rise to couse (o), st underlying co	immediate tating the ause last.	DUE TO, OR AS A  (c)  NOITIONS CONTRIB	BUTING TO D	EATH BUT	-		20b IF YES, W	ERE FINDING
6 6 6 Oct.	gove rise to couse (o), st underlying co PART 2 OTHER S	immediate taking the puse lost.  SIGNIFICANT COT  ERATION  SUNDERLYING	DUE TO, OR AS A  (c)  NOITIONS CONTRII  19b CONDITION  21b TIME OF INJU HOUR A.M. A P.M.	FOR WHICH	PEATH BUT	N WAS PERFORMED  21. HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b IF YES, W IN CERTIFYIN YES [	VERE FINDING
MEDICAL CERTIFICATION	gove rise to couse (o), st underlying compared to part 2 others.  19a DATE OF OPE  21a. ACCIDENT WAS OR CONTRIBUTING (FETHER NOTIFY)  21d INJURY OCC.	immediate totaling the puse lost.  SIGNIFICANT COT  ERATION  SUNDERLYING	DUE TO, OR AS A  (c)  NDITIONS CONTRII  19b CONDITION  21b. TIME OF INJU- HOUR A.M. A P.M.  21e. PLACE OF INJ (AT HOME STREET, FAC	BUTING TO D FOR WHICHS  URY MONTH DA  JURY CTORY, OFFICE, FA	OPERALION  Y YEAR  19	ousley disc N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WIN CERTIFYIN YES [	VERE FINDING
1 4	QOVE FISE TO COUSE TO SOW THE	immediate totaling the cause lost.  SIGNIFICANT COT  ERATION  SUNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  TURNED  TURNEL	DUE TO, OR AS A  (c)  NDITIONS CONTRII  19b CONDITION  21b TIME OF INJUHOUR A.M. A P.M.  21e PLACE OF INJ	FOR WHICH!  URY MONTH DA  JURY CTORY, OFFICE, FA	OPERATION  Y YEAR  19	21c. HOW INJURY OCCUR 21f LOCATION STREET  d that is (my) (a)r) apinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b IF YES, WIN CERTIFYIN YES	VERE FINDING JG CAUSES OF JOR PART 2)  COUNTY
1 4	gove rise to couse (o), st underlying countrying compared to the country of the c	immediate training the puse lost.  SIGNIFICANT CON  ERATION  GUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  TURRED  DI WHILE CONTROL OF THE CO	DUE TO, OR AS A  (c)  NDITIONS CONTRII  19b CONDITION  21b. TIME OF INJU- HOUR A.M. A P.M.  21e PLACE OF INJ (AT HOME STREET, FACE)  offended, the dece	FOR WHICH!  URY MONTH DA  JURY CTORY, OFFICE, FA	OPERATION  Y YEAR  19	216. HOW INJURY OCCUR  216 LOCATION STREET  19 6  d that is (my) (aux) apinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITYOR CITYOR  death accurred an the	20b IF YES, WIN CERTIFYIN YES [ JURY IN ITEM IS PART TOWN  AFF	VERE FINDING IG CAUSES OF
7 MEDICAL	QOVE FISE TO COUSE TO STAND THE STAN	immediate totaling the cause lost.  SIGNIFICANT COT  ERATION  SUNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  TURNED  TURNEL	DUE TO, OR AS A  (c)  NDITIONS CONTRII  19b CONDITION  21b. TIME OF INJU- HOUR A.M. A P.M. 21e PLACE OF INJ (AT HOME STREET, FAC	FOR WHICH!  URY MONTH DA  JURY CTORY, OFFICE, FA	OPERATION  Y YEAR  19	216 HOW INJURY OCCUR  216 LOCATION STREET  19 6  d that is (my) (ayr) apinion DEGREE  ATTENDING PHYSICIAN ( 222 ADDRESS	200 AUTOPSY?  YES NO CITYOR  CITYOR  death accurred an the	20b IF YES, WIN CERTIFYIN YES TOWN TOWN AFF	VERE FINDING JG CAUSES OF JOR PART 2)  COUNTY
7 REDICAL	QOVE FISE TO COUSE TO STAND THE STAN	immediate training the base lost.  SIGNIFICANT COT  ERATION  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)  CURRED  DI WHILE CAUSE OF DEATH MEDICAL EXAMINER)  LOWRED  SONAN  MORTON  MORTON  DN, REMOVAL	DUE TO, OR AS A  (c)  NDITIONS CONTRII  19b CONDITION  21b. TIME OF INJU- HOUR A.M. A 21c PLACE OF INJ (AT HOME STREET, FACE) attended, the dece	BUTING TO D FOR WHICH S  URY MONTH DA  JURY CTORY, OFFICE, FA  eosed from 19  depth.  23c. N Dr	Y YEAR 19 ARM EIC)	216 HOW INJURY OCCUR  216 LOCATION STREET  216 LOCATION STREET  217 ADDRESS  5310 01  EMETERY OR CREMATORY  dge Cometery	200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN CITY OR DEATH ACCURRED ON THE CONTROLL STORM OF THE CONTROLL STOR	120b IF YES, WIN CERTIFYIN YES [ IJURY IN ITEM IS PART  TOWN  AFF ICIAN   ARRA  ARRA	VERE FINDING IG CAUSES OF

Special of Single Party

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR The Dippel Funeral Homes, Inc. 7110 Belair Road Baltimore, Maryland 21206

Sept 14,85

230 BURIAL CREMATION, REMOVAL

Burial

Holy Redeemer Cem.

23c NAME OF CEMETERY OR CREMATORY

Baltimore, Md 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

23d LOCATION

his Davidson Handall

22c DATE SIGNED

Sept 12, 85

IF UNDER 1 YEAR

INDUSTRY

21236

COUNTY

12b. KIND OF BUSINESS OR

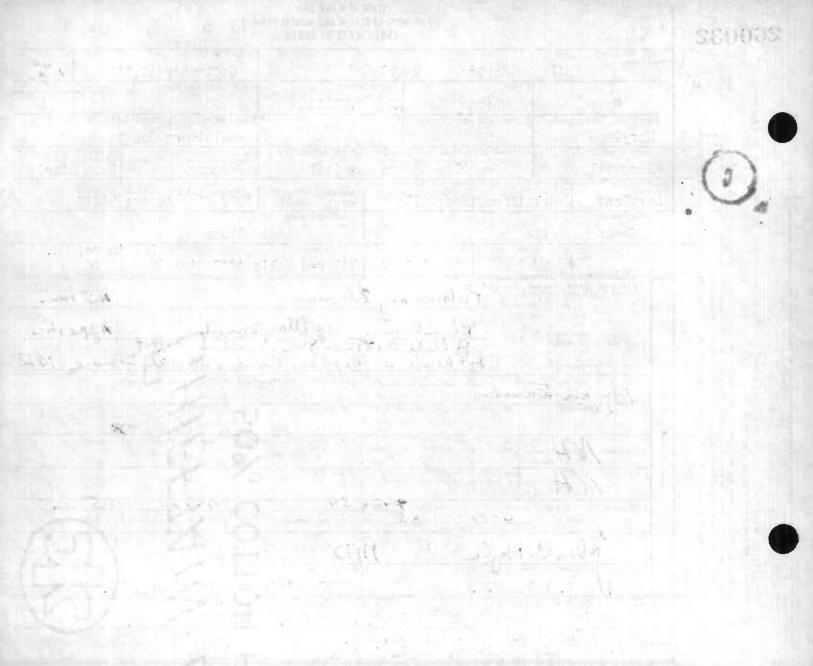
APPROXIMATE INTERVAL

NO [

STATE

STATE

Beth Steel



252147	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYDICATE OF DEATH	REG. N	2 4	0 0 1
2 24		CEASED NAME OR PRINT) Anna	FIRST	MIDDLE	Vic	en en	Sept. 2	1985	YEAR 26 HOUR
	1.55	emale	4. RACE Whi	te	5. DATE O		6 AGE (IN YEARS LAST BIT		DER ) YEAR IF UNDER 24
	76/BI	RTHPLACE (STATE OR FOIL COUNTRY)	TEIGN 76. CITIZEN	OF WHAT COUNTR	Y? 8. MARRIE WIDOWE	D NEVER MARRIED	Baltimore City		
111/2		ty or town of DEAT	3508	OF HOSPITAL, NURS	SING HOME	21219	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIL	OF WORKING LIFE) IN	b. KIND OF BUSINESS IDUSTRY
115	130 9	AL RESIDENCE (IF NURSIN	Baltimo	TION, GIVE RESIDENCE BEF 130. GITY OR TO Edge!	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	133868 BAPRES	chie Ave	e. 21219
of within	14 FA	THER'S NAME FIRST	WIDDLE	Cichy	7	15. MOTHER'S MAIDEN NA	ME MIDDLE		LAST
n and co		AS DECEASED EVER IN	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			17. INFORMANT Frank Mina	arovic 300		2121 ie Ave.
w requires that the debeen signed by the other. Then please remover prior to buriol, cremoire ony injury, or other troa	ATION	Conditions, if only, gave rise to imme cause (o), stating underlying cause  PART 2. OTHER SIGNI	diote the lost.  FICANT CONDITION	AS CONTRIBUTING T	31170	NOT RELATED TO THE TERM	NINAL DISEASE OR CON		20 I PART 1(a) RE FINDINGS USED
SICIAN: The lowing physician. certificote hos birriol-tronsit permitentol Hygiene pritem 18 shows or	CAL CERTIFICATION	216. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	RLYING 21b. TI/	ME OF INJURY R. A.M. MONTH P.M.		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING YES	CAUSES OF DEATH
VDING PHYS I or attendir R: After this use os the bu leolth and M s marked or I	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK  220.1 certify that (1) (1)	his hospital) opende		m - 0 - 7	211. LOCATION STREET	city or to	22 3/ 19_	OUNTY STAT
O HOSPITAL OR ATTER etained by the haspital TO FUNERAL DIRECTOI should be detached for with the State Dept. of H MPORTANT: If hem 21 is		sow the deceosed obove, () (we) (die 22b. SIGNATURE	d) (did not) view the l	very	fo	DEGREE  ATTENDING PHYSICIAN  1220. ADDRESS	deoth occurred on the c	AFF _	from the couses state
TO FUNE should be with the			7.1	word	MI	211 ()1	1100 111	11/1/	



	1-	FOR STATE REGISTRA
1	400	EASED NA

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CENTIFI	CAILOI	DEATH	REG. I	NO.	100	1
1024		CLASED NAME	FIRST	2.1	MIDDLE		ST		20 DATE OF DEATH		DAY YEAR	26 HOUR
636			Hard	old	C.	VOF	412		September	12,	1985	6:46P
	1. SE	X		4 RACE		5. DATE O	F BIRTH	YF AR	6. AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
0	,	Male		White	e	Aug.		1906	79	YRS		
24		RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER	MARRIED -	9 BALTIMORE CITY			
3/		Maryland		US		WIDOWE		ONORCED [			County	M
IV	10. C	ITY OR TOWN OF DEA	ATH	<ol> <li>NAME OF (IF NOT IN SU</li> </ol>	HOSPITAL, NURSIN	ADDRESS)	ROTHER IN:	STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
1.6		Rossville			lin Squar		ital	F	Retired		Beth.	Steel
26	USU IIIa	AL RESIDENCE (IF NURS	136 COUN	TY	13c. CITY OR TOW	N 1	13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS			
11	_	ſd.	Balti	more	Middle R	iver	YES 🗌	NO 🖪	945 Bowley	s Qu	arters R	d. 2122
14	1	ATHER'S NAME	A	AIDDLE	LAST		15. MOTHER	R'S MAIDEN NA	WIDDLE		LA	.ST
10	-	Luther			Voris			Margare			Brennema	.n
1 1		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORM		ADDI			
5 Ju		no			213-07-8	3511	Maria	n Voris	945 Bowle	ys Qu		
		18 CAUSE OF DEAT PART I. DEATH W	H Enter and	y ane cause pe	_						-	ONSET AND DEATH
			IMMEDIAT	E CAUSE (a)	Probab	le es	eraia	e as	rest		Sur	den
mary, or	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	CONTRIBUTING TO E			DIERY ED TO THE TERM	ON ONE		GIVEN IN PART I	a
1	HECATION	19a DATE OF OPERA	TION	196 COND	DITION FOR WHICH	OPERATION	WAS PERF	ORMED	200 AUTOPSY?		YES, WERE FINDI TIFYING CAUSES YES []	
30	CERT	21a. ACCIDENT WAS UNI	DERLYING [	216. TIME C			21¢ HOW I	NJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 1		NO []
9	AL	OR CONTRIBUTING			.M. MONTH DA	AY YEAR			- 112			
1	MEDICAL	216 INJURY OCCUR		21e PLACE	OF INJURY		211 LOCAT		CITY OR T	0	COUNTY	STATE
	*	RE NOI WE	RK	(ATHOME ST	TREET, FACTORY OFFICE F	ARM ETC )	STRE		- CHYOK I	OWN	COUNTY	STATE
		22a.1 certify that (1)	(this hospit	al) attended t	he deceased fram_	1111		19 84	, ta		. 19	that (I) (we) las
		saw the decease abave, (1) (ve) (c	ed alive an	view the bady	7/16 19_	85 . and	d that in (my	/) (apinian	death accurred an the	date and h	aut and from the	causes stated
		226. SIGNATURE	/		74		EGREE		/			SIGNED
1		ac	oen	- 4	Muca		us.	PHYSICIAN 1	DIRECTOR PHYS	AFF ICIAN [	911	6/85
1		22d PHYSICIAN'S NA					22e. ADDRE	SS	0-			
		ALBERT	NA	HUM	M.P.		/	00 N.	BROAD	WA	4	
		BURIAL, CREMATION,	REMOVAL	236 DATE				CREMATORY	234 LOCATION		COUNTY	STATE
-		Burial		9/16	5/85 Ho	11y H	i11 C€	emetery	Middle R			Md
	24 5	INICOAL DIRECTOR						25- 044	E DECID BY DECICED A	DISCL DEC	ICTO ADIC CICATA	TUIDE

Connelly Funeral Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

80092	1	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND  PARTMENT OF HEALTH AND MENTAL HYGIENE   CERTIFICATE OF DEATH  REG. NO.	583
manufacture of		CEASED NAME EIRST	MIDDLE	LAST 20. DATE OF DEATH, MONTH DAY	YEAR 26 HOUR
page 3	Ľ	FLO	RENCE E.	WALKER 9/30/85	61
E 0	3 SE	X	4 RACE	3.07.12.07	ERTYEAR IF UNDER 24 H
rector, urs ofte		Female	White	June 21 7 1896 89 YRS MONTHS	
offe of the post o		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED   NEVER MARRIED	
6 7 5 -		MD	USA	WIDOWED   DIVORCED   Baltimore Cour	
by the fur de filled within	10. C	Parkville	(IF NOT IN SUCH FACILITY, GIV		NIND OF BUSINESS DUSTRY Own Hor
24 hou	USU 13a.	STATE 13b CC	COR OTHER INSTITUTION, GIVE RESIDEN DUNTY 136 CITY C		., 21234
onthin and 2 to	14. F.	ATHER'S NAME EIRST George	S. Lope	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIA		sterstown
Poge medic		YES, NO OR UNKNOWN) [IF YES,	GIVE WAR OR DATES) 218	32 4009 Edgar D. Walker, Jr. A	MD 2113
requires that the death in signed by the ottend. Then please remove control burial, cremation, or the troumot injury, or other troumot	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A COM	ISEQUENCE OF ASCID-	
The low rediction. The hos been nit permit. Tigene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR		E FINDINGS USED CAUSES OF DEATH? NO [
phys phys phys of the of Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	H DAY YEAR  19	(PART 2)
VG PHYSIC ottending offer this cer so the burion hand Menti orked or item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY,	OFFICE, EARM, ETC.)	DUNTY STATI
ATTENDIA nospitol or RECTOR: A ed for use pt. of Heoli		27a. I certify that (I) (this has sow the deceased alive above. (I) (did) (did) (27b. SIGNATE)	on not view he body ofter death		from the couses stated
HOSPITAL OR ined by the by FUNERAL DIR uld be detoch on the Stote Der		Unhong	PE OR PRINIDA -	1 11: 1	10-1-8.
retoined by TO FUNERAL should be de with the Stot	220	MATHONY I	AL 236 DATE	1234 MANORINGO & PA Ghen	, ARma
BP	138	(SPECIFY) Burial	10/3/85	Moreland Memorial Balto. County,	MD
	24 F	UNERAL DIRECTOR Henr	W Jenkins		
DHMH - 16 50M 4/83 (VRA 15, 4)		205 York Roa	AC	DRESS   OCT 7 ANDE Contract David	SIGNATURE CON-Handale

Additional Country of the Additional Country

1. F. B. B. M. English W. C. C. Calery Book cupor Bartin Hartest 12210 Louise Ave. -21214 1 2-12-9745A doel A. Vallade, 2209 Locitelava. 26 SHELLES & 1 SALLES TO 30 LEDY M. LOS SOLES BURERS into Memorial in . . all localing page 1, 8.50) CT. 2.1985. File followingston ese e. no establica de movembre de la company. Deservate de la company de

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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tipost.				

٧.		REGISTRAR				CERTIF	ICAIL OI DE	7111		REG. NO	).			
		CEASED NAME	FIRST		MIDDLE	i	AST		20 DATE C	F DEATH	HINOM	DAY YEAR	21	HOUR
	(TYPE	OR PRINT)	John	7	2	W	alsh			SE	pt.	23,198	5/	2:01 AM
7	3. SEX	(		4 RACE		5. DATE C	OF BIRTH		6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YE		UNDER 24 HRS
	Y	nale		wr	rite	MOZ	40	YEAR		83	YR:	MONTHS DA	Y5   F	IOURS MIN.
4		RTHPLACE (STATE)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	20150	9 BALTIMO	ORE CITY O	COUN	TY OF DEATH		
2	1	DW	Cutter-		ISA	WIDOWE		RCED [	Balt	5011	Co:	Tows	0~	MD.
8	10. CL	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTIT	NOITU		OCCUPATION				BUSINESS OR
n	m	· Maria		T. JO	CH FACILITY, GIVE STREET	HA C D	ntal			elwork				Steel
	SUA	AL RESIDENCE (IF N	JRS - OR	OTHER INSTITUTION	GIVE PROIDFNCE BEFOR	E ADMISSION)	// / 1		1 0000	CINCIN	-1		Jtz	
H	13a S	TATE	The San	(IV)	130 CITY OR TOW	VN	134 INSIDE CIT	LIMITS?		ADDRESS /	ZIP CC	DDE DE	0116	1111
	-	Datto	130	UTU,	Baltin	more	- 6	10 🗌	270	7 KII	dar	e pri	R	3193
6	FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S A		WE	WIDDLE			1007	
0	1	Thomas	5		Walsh		Ä	nn		Miloute		Do	nne	119
2		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAN	0	A 11	ADDRE	SS	2909	141	dark
4	N	O UNKNOWN	(IF YES GIV	E WAR OR DATES	213-07-	-8788	wal:	ch.	Lay	Hrins	2	Drive		2123/
П		18 CAUSE OF DE	ATH (Enter on	ly one couse pe	r line for (a), (b), or	nd ici		1				APP1 BETWE	OXIMA	TE INTERVAL
П	2.9	PART I DEATH	WAS CAUSE	D BY:	METAS		16 6	MIC	140	MA	0		U.S. O.I.S.	ET AITO DE AITO
П			IMMEDIAI	E CAUSE (o)		. /			1	0 073		-	-	
				DUE TO, C	R AS A CONSEOU	ENCE OF	- 1 1	101/	-			100		
		Conditions, if or		(b)_		14	E L	146	> .					
	1	couse tol, sta	ting the	DUE TO, O	R AS A CONSEOU	ENCE OF								
9	100	underlying cou	ise lost.	(c)_										
		PART 2 OTHER SI	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	SE OR COND	ITION	GIVEN IN PART	lia	
	20				1011-3	9-16								
7	CERTIFICATION	19a DATE OF OPER	RATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	20g AUT	OPSY?	20b IF	YES, WERE FIN	DING	SIISEN
	FIG										IN CER	TIFYING CAUS	ES OF	DEATH?
_	ET								YES [	ио 🔀		YES		NO 🗌
2		OR CONTRIBUTING	_	216. TIME C		AY YEAR	21c. HOW INJU	RY OCCUR	RED (ENTERN	ATURE OF INJUR	IN HEM	18 PART I OR PARE	2)	
П	AL	(IF EITHER NOTIFY M	_		.M.	19								
	MEDICAL	21d INJURY OCCL	JRRED		OF INJURY		211 LOCATION							
	W	WHILE NOT	WHILE D	(AT HOME ST	REET FACTORY, OFFICE, I	FARM ETC )	STREET			CITY OR TOV	/N	COUNTY		STATE
				tal) ottended th	ne deceased from	SEPT	, 4.	10 85	10 51	5P1	25	10 8	tho	it (I) (we) lost
		sow the dece	osed olive on	The same of the same of	22 19	, or	nd that in (my) (o	ur) opinion	deoth occurre	ed on the da	te and I	nour and from		
		226 SIGNATURE	(did) (did no	View the oody	differ death		DEGREE					22c. DA	TE SIC	GNED
		Fau	200	D. +	ann	S. T	MADATI	ENDING _	MEDICAL			9		1.2-01
1		224 BUYERCIANUS	NIA ME	/	1)	1		YSICIAN	DIRECTOR	PHYSIC	AN	1 1	-	205
		22d PHYSICIAN'S	NAME ITYPE O	R PRINT)	Mille	JR N	27e ADDRESS	3 +	1-0-				_	071
		- /1 11 C T								ORD				

BP.

(SPECIFY)

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE 9/25/85 Burial

Leonard J. Ruck, Inc. 5305 Harford Road 21214

23c NAME OF CEMETERY OR CREMATORY

Dulaney Valley Cem.

23d LOCATION
BAYLTIMORE Maryland

STATE

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SEP 24 1985

Ju-w sundoon-Mandable

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

•	fter death. Page 4 may be	in the sector, page 3
	ertificate be executed within 24 hours	g physician and conservation to by composers in the compo
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and contention of the funeral director, page 3 should be detached for use as the buriol-transit permit. Then so ther death the State Oper, of Health and Martial Hygiene prior to buriol, cremation, or removal.
	O HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After should be detached for use os that the State Dept. of Health or

				REG. N	O.		
1 DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Effie	E.	WAL		September		85	6:35P
3 SEX	4 RACE	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.
FEMALE	CAUCASIAN	04		88	YRS.		
78. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? B	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	DEATH	
MARYLAND	USA	WIDOWE		Baltimor	e Count	v	MI
ROSSVILLE	11. NAME OF HOSPITAL, NUR:  (IF NOT IN SUCH FACILITY, GIVE STR  FRANKLIN SC	EET ADDRESS)	HOSPITAL	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWI	OF WORKING LIFE)	12b. KIND ( INDUSTRY	OF BUSINESS OF
		OWN	13d INSIDE CITY LIMITS? YES NO 🛣	136 STREET ADDRESS . 1310 SEI	ZIP CODE	VE. 2	21237
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		14	SI
AUGUST	SCHADI	TY Y	EFFIE			HAW	CINS
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	ESS	- 60	
(IF YES G	217503	3784	SALLY SELI	NG 8063A	PHILAI	ELPI	HIA RD.
Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEC (b) Broncho	QUENCE OF PNEUMO DUENCE OF ARIETAL O DEATH BUT			DITION GIVEN  20b. IF YES, W IN CERTIFYIN  YES [	ÆRE FINDI	NGS USED
	216. TIME OF INJURY		21c. HOW INJURY OCCURE	50		1.000.0407.31	
OR CONTRIBUTING CAUSE OF DE	ER) P.M.	DAY YEAR		CED LENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR PART 21	
	CAIN .	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
If EITHER NOTIFY MEDICAL EXAMINI  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a Certify that (X1this hasp sow the deceased alive a	P.M.	n Augus 85 an	211 LOCATION STREET	CITY OR TO	wn	COUNTY  85	that X (we) last
116 EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (Xithis has say the deceased alive a above.) (we) (did) that	P.M.  21e PLACE OF INJURY 1AI HOME STREET FACTORY OFFICE pitol) oftended the deceased from	19 TE FARM ETC.) The FARM ETC.) The FARM ETC.)	211 LOCATION STREET  19 85 d that in (X) (our) opinion of	CITY OR TO	12 19. and hour an	85 ad I rom the	that X (we) last
11 ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOT WHILE 22d I certify that (XIII) has saw the deceased alive a above. We I did him 22b SIGNA URE  22d PHYSICIAN'S NAME ITYPE	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE putol) ottended the deceased from In September 12 19 The view the body after death.  OR PRINT)	19 TE FARM ETC.) The FARM ETC.) The FARM ETC.)	211 LOCATION STREET  212 LOCATION STREET  19 85 de that in (AV) (our) opinion of DEGREE ATTENDING PHYSICIAN 22e ADDRESS	to Sept.  death occurred an the death occurred an EDICAL STAIL DIRECTOR PHYSIC	12, 19, ate and hour or	85 ad Irom the	that X (we) last causes stated
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a I certify that (Xithis has saw the deceased alive a above, we) (did) this 22b SIGNA URE	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE putol) ottended the deceased from In September 12 19 with view the body after death.  OR PRINT!  Miller, MD	Augus	211 LOCATION STREET  19 85 Indication (AX) (our) opinion of the physician (physician)	to Sept.  death occurred an the death occurred an EDICAL STAIL DIRECTOR PHYSIC	12, 19, ate and hour or	85 ad I rom the	that X (we) last causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is



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	Page 4	in rector.
	er death.	a funeral
21201	ecured within 24 hours after death. Hage 4 may be	inding to such and conditionly filled in by the funeral director, page 3 conbangages. Figure 5 often death
ON ST., BALTIMORE, MARYLAND 21201	mm 24	2 shauld
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N ST., B	1	carbon poper
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DIVISION OF VITAL RECORDS, 201 W. PREST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	2	4	Ó	8
	REG. NO.				4,5

DATE REC'T BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	,	FOR			DEPART		E OF MARYLAND IEALTH AND MENTAL HYG	SIENE 8 5	2	4 6	8 7
	-	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
13		CEASED NAME	FIRST		WIDDLE	1	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(TYPE	ORPRINT)	Georg	ge	E.		Walters		9 3	85	M
	3. SE)	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
	Ma	le		White		MONTH	1 22 13 1	72	YRS	DMIH2 DWA2	HOURS MIN.
5		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Balti	more Co		MD.
9	1	ltimore Co					ins Rd. 21204	120 USUAL OCCUPATION OF THE OF WORK FOR MOST		126 KIND OF INDUSTRY Arch	er Ldy.
2	USUA 130 S Ma	at residence (if nursi state ryland	Balti	other institution	GIVE RESIDENCE BEFO	re admission) WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 8434 Plea		ains R	d. 21204
1	14. FA	ATHER'S NAME	1019	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			TAST	
U	Q.	John		I.	Walter	S	Alice	P.			ale
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	RESS	2	1204
	(1	No	(IF TES, GIV	E WAR OR DATES	215-10-	5102	Maude L. Walt	ters 8434 P	leasant	Plain	s Rd.
	100	Conditions, if ony, gave rise to imm couse 101, statin underlying cause	nediate g the last	(b) DUE TO, O	r as a consequ	JENCE OF					
	NOI	PART 2 OTHER SIGN	NIFICANT (				NOT RELATED TO THE TERM				
7	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES C	
7		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	(11)	OF INJURY M. MONTH [ M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAR	T 1 OF PART 2)	
	MEDICAL	21d. INJURY OCCURR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		225.1 certify that (I) saw the decease above, (I) (we) (d	d alive on	7/3/3	19_	100	30 / 19704 nd that in (my) (correspondent DEGREE	death occurred on the o	date and hour		
-		170 PHYSICIAN'S NA	Tho	nly		MI	7 ATTENDING	MEDICAL STA	CIAN [	Lyin	1575
		Samuel I					8405 Loch R		(Phone	661-22	22)
		BURIAL, CREMATION, (SPECIFY) Buria	_	23b. DATE 9-6-			EMETERY OR CREMATORY Hills M. G.	23d. LOCATION CITY OR TOWN	Baltimo	ore; Ma	ryländ

7400% BeINE Rd. BALTO. MD. 21256

DHMH - 16 50M 4/B3 (VRA 15, 4)

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TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR

LOSSAHN FUNES | Home

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	1					STATI	OF MARYLAND					
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252176		REGISTRAR	VIID	ur		CERTIF	ICATE OF DEATH		REG. NO			
2 75	(TYPE	CEASED NAME	FIRST	old	BRAYSHAW	12/	anfiel	20.0	ATE OF DEATH	MONTH DAY	YEAR 26	605
to dop at	2 SE	-1700	14	RACE	-	5. DATE C	OF BIRTH	9 6. AC	SE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR IF	UNDER 24 HRS
- 1 1 T	1	Male		Cauc	casian	MONTH	11 70 8	5	79	YRS.	NTHS DAYS H	OURS MIN.
1 11 35		RTHPLACE (STATE OR F	1	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	, I I	Baltimore	-		
9 34 5	0.01	TY OR TOWN OF DEA	14819	NAME OF	OSPITAL NURSI	WIDOWE	DIVORCED  OR OTHER INSTITUTION		USUAL OCCUPATION		12b. KIND OF E	MD.
1190	M	Baltin	ore-		H FACILITY GIVE STREET		ent Cente	(TYPI	of work for most of Superviso	F WORKING LIFE)	Railr	
A 11 14 320	13a. S	AL RESIDENCE (IF NURS	136 COUNTY	<b>Y</b>	13c. CITY OR TOV		13d. INSIDE CITY LIMIT		STREET ADDRESS			
A COUNTY		aryland	Balti	more	Towson	n	YES NO L		51 Burkle	igh Rd	. 212	04
WAY 1 15 1 2/	M. FA	THER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
# 10 man	16- 14	Wilbur N			16b SOCIAL SECI	IBITY NO	Julia 17 INFORMANT	Brays		\$S. C.	. 01: 1	
Age of the case of		res, no or unknown)	(IF YES, GIVE V		716-03-			A NT.		-	r Ct. A	-
4 4 4							Margaret .	A. NI	chors pa	110., 1		234 TE INTERVAL BET AND DEATH
T., BA physical mpop moved ment, 1		PART I. DEATH W	AS CAUSED	BY:	Carda		mon	ane	11		aces	C AND DEATH
No the series of					RAS A CONSEQU		0					
EST dent dent dent		Canditians, if any,		(b)	DIAKE	1 2						
4 4 4 4		gave rise to imm	g the	DUE TO, O	R AS A CONSEOU	ENCE OF	101					
de by colors of the colors of		underlying cause		(c)_		D	LBS-					
DS. 2	Z	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS <u>CO</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CONI	DITION GIVEN	IN PART 11a	
DIVISION OF VITAL RECORDS THE THE CONTRICTOR The time requirementing physician that the conflictor has been signs the builted recent permit. Then the and Merchal thypiere price for his and Merchal thypiere price for his acked or here. It shows any injury	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		VERE FINDING	
3 10119	H							Y	S NO	IN CERTIFYIN	NG CAUSES OF	DEATH?
A TO THE T	CER	210. ACCIDENT WAS UND		216. TIME C	FINJURY M. MONTH D	AV VEAD	21c. HOW INJURY OF	CCURRED (	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OF PART 2)	
9 24 111119	CAL	OR CONTRIBUTING (			M.	19			2.77.2	20		
September 1	VEDS	21d. INJURY OCCUR	1 6	21e. PLACE	OF INJURY	FARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
Me at the state of	1	NOT WE	RK -		JA, Day	1			01	601		
N N N N N N N N N N N N N N N N N N N		220.1 certify that ()?				4-11	, 19	5)	0 7/2	, 19		it (I) ( <del>No) lo</del> st
THE DISTRICT		saw the decease abave, (I) (we) (c	(did not)	view he bady	after death.	/	nd that in (my) (aur) op	oinian death	accurred on the do	ite and haur a		
A S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE		11/	//		DEGREE ATTENDI	NG ME	DICAL STAF	F	22c. DATE SIC	1-1-
A STORY THE		288. PHYSICIAN'S N	AME COURT OF F	1/1	//		PHYSICIA 220. ADDRESS	AN DIR	ECTOR   PHYSIC	IAN 🗌	117	/ / /
SO PATE	9	1/		1.	ر ہو۔ د سے سے	2.		Ver	1 12	The	21	2 /3/
0# 24 m	22- 0	CIC 147			FELTO		EMETERY OR CREMAT	LENI	Id. LOCATION	UU		coy_
DD.	230. E	Burial		Sept.			don Park	ORY 23	Baltimor		COUNTY	STATE
Dr		UNERAL DIRECTOR		cept.	0,1703			o. DATE REC	D. BY REGISTRAR			Marylan E
DHMH - 16 50M 4/B2		tchell-Wie	defeld	Home	Tnc ADDRESS	1 to			4005	100	-	ndelil

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

49096	1-	STATE REGISTRAR	DEPAK		ICATE OF DEATH	REG. NO.	7 0 0 7
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
1 11	(,,,,,	CARE	ROLL M.	WA	RRINGTON	Sept. 2, 1985	2:00
	3 SEX	(	4. RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 74 HI
- ( u )		Male	White		14, 1907	78 YRS	DATS NOOKS IN
a lang	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	r? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
1		MD	USA	WIDOWE		Baltimore Cou	inty
by the filled with	Ва	alto. 21212	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE) 118 Dumbarto	ET ADDRESS)		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  Tax Dept.	126 KIND OF BUSINESS OF BALTO. City
filled in hould be	13a S	MD   136 COU	R OTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 134 CITY OR TO 21212	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 118 Dumbarton	Road, 2121
ompletely ompletely of committee		THER'S NAME FIRST James	Warringt		15. MOTHER'S MAIDEN NAME FIRST	ice widdle	Melvin
an and c		(AS DECEASED EVER IN U.S. AI ES NO OR UNKNOWN) (IF YES GI	RMED FORCES? VE WAR OR DATES)  213 03		Mrs. Cathe	rine M. Warring	
hysici paper loval.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	nly one couse per line for (o), (b), c ED BY:	and (cit)	Hen cardio	detta	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
is that the dec ed by the atte please remove rial, cremation		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	(b)  DUE TO, OR AS A CONSEQ  (c)  CONDITIONS CONTRIBUTING TO	(	army ate	disee	No No
an law require	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHIC	>			WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The ending physician this certificate has burial-transit pad Mental Hygien d ar Item 18 shafe	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
atten atten s the h and rked	M	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E, FARM, ETC )	STREET	CITY OR TOWN	COUNTY
OR ATTENDING he haspital or att oched for use as it Dept of Health ar			ital) attended the deceased from	85,0	DEGREE	death accurred on the date and hour	9 _ 3 _ 5 , that (I) (we) lo and from the causes stated
O HOSPITAL etained by th TO FUNERAL should be dete with the State		22d. PHYSICIAN'S NAME (TYPE		, 00	PHYSICIAN (2)	DIRECTOR PHYSICIAN	11/3/8
retained TO FUN shauld b with the	22- 2	Dr. Calvin P		NAME OF S	17401 Osler	Drive, Balto.,	MD
BP	230. B	Burial Burial			Park	Balto.	COUNTY MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NAME Henry	W. Jenkins	Sons	Co. 250 DAT	E REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	0	9	U	
DAY	YEAR	2b. H	DUR	_

		REGISTRAR				CERTII	FICATE OF L	EAIN	1	REG. NO			
		CEASED NAME	FIRST		MIDDLE		LAST	11/5	20 DATE OF DE	ATH MONTH	DAY	YEAR	2b HOUR
	(TYPE		ARGARET	F (	1.	WA	RTHEN		100	q	29	85	9:50a M
	3. SEX			RACE		5 DATE	OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)		DER YEAR	IF UNDER 24 HRS
	F	'EMALE	100/	C. W	hite	10		20		64 Y	RS.	AS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF	FOREIGN 76		WHAT COUN	TRY? 8			9 BALTIMORE			DEATH	
7	C	MD .		IIS	3A	MARRIE		VORCED			BALTO	- CO	UNTY MD
ř	10. CI	TY OR TOWN OF DE	ATH 1	, NAME OF	HOSPITAL, NU	JRSING HOME			120 USUAL OCC	CUPATION	12	KINDO	OF BUSINESS OR
1	1	DUNDALK			TH FACILITY, GIVE S	TNG CEN	משנו/ משת	TULOR	Hous	ewire"	NG LIFE) I IN	DUSTRY	
Ħ		L RESIDENCE (IF NUE	ESINE ONE OR OT	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)			L			Dol	14 - 10/12
4	30.5	MD.	K COUNTY		13c. CITY OR	TO.	13d INSIDE C	NO -	13e STREET ADD				Lto.Md.
đ	II EA	THER'S NAME	1				-	MAIDEN NA		ar sr.	AFI.	210	21230
Ø	10	FIRST D.C.	MIC	DIE	LAST DT A			FIRST	My	rtle	011	LA!	
4	16n V	CHARLES  AS DECEASED EVE	R IN U.S. ARME	D FORCES?		IR, SR.	17 INFORMA	NNA	-	ADDRESS	GU	MBER	
7		YES	1942-	VAR OR DATES	214-10		Mrs.E		E.Blai	r.205	Han		ve.Lint
7	TION	Conditions, if any gave rise to in cause (a), stot underlying caus	mediate ing the e last	POITIONS CO	ONTRIBUTING CO	m,	8:3	read	NINAL DISEASE O	Zepi	es		
1	TIFICA	19a DATE OF OPER	ATION	196 COND	ITION FOR W	HICH OPERATIC	ON WAS PERFO	RMED	200 AUTOPS	Y?	F YES, WE ERTIFYING YES	RE FINDI	NGS USED OF DEATH?
-	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d. INJURY OCCU	CAUSE OF DEATH		M. MONTH M.	DAY YEAR	21c. HOW IN		RED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1	OR PART 2)	
	ME	131	VHILE		REE1 FACTORY, OF	FFICE, FARM ETC )	STREET		C	TY OR TOWN	(	COUNTY	STATE
		270. I certify that ( sow the decea abave, (I/(we)	sed alive an				ind that in (my)	(aur) opinian	death accurred a	n the date and			that (1) (we) last causes stated
		226 SIGNATURE	M	in	n'c	9.			MEDICAL DIRECTOR	STAFF PHYSICIAN [		120 DATE	30/8+
		22d PHYSICIAN'S N	TAME (TYPE OR P	, C.	Pag	Ric	22e ADDRES	S					
		URIAL, CREMATION SPECIFY) Buris		236. DATE 10/2/	85	23c NAME OF C		crematory emt.	Balte		Co.	uni Ma	ry la'fi'd

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the at should be detached for use as the burial-transit permit. Then please remay

os the burial-tronsit permit. Then please rer th ond Mentol Hygiene prior to burial, crem 18 shows

IMPORTANT: If them 21 is morked or them should be detached for use as

24 FUNERAL DIRECTOR

Balto.Md.21230 Funeral Home, 130 E. Fort Ave. McCully

250. DATE REC'D.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE



254971	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 5	24691
. 2		CATHERINE	MIDDLE N	WATERS	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR + 6.20pm
ge 4 for	3. SE		4. RACE B	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY			RCOUNTY OF DEATH  PE COUNTY MD.
s ofter do y the fundamental	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		12a USUAL OCCUPATI	ON 12b. KIND OF BUSINESS OR INDUSTRY
filled in oold be f	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE THE COUL	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION) WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS	INGTON AVE
pletely and 2 sh	14. F/	THER'S NAME	MIDDLE WAR	15. MOTHER'S MAIDEN N  A M M		LAST
medicol		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 2/6-3	GURITY NO. 17 INFORMANT	VE GENTR	
ifically physical polymers in post in		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), (b), (b), (c) BY: TE CAUSE (o)	en elecan		BETWEEN COME PO DEATH
attending nove carbo otion, or re- froumatic e		Conditions, if any, which	DUE TO, OR AS A CONSEO	UENCE OF		4
by the a ose remo 1, cremot other tra		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF		
n signed Then plee to burio injury, or	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
hos beer t permit. ene prior ows ony i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
burial-transit Mental Hygie or Hem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
s the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
TOR: Affor use of Health			ital) attended the deceased from Sept. 6. 19.	Jan. 6, 1985, 19. 85 , ond that in (my) (our) opinion		6. 19 85 , that (I) (we) lost one and hour and from the causes stated
RAL DIRECT detoched f tote Dept. of		226. SIGNATURE	Ornber	DEGREE	MEDICAL STAI	220 DATE SIGNED
FUNE old be or the S		Jerome H. Gins		22e ADDRESS 8630	Liberty Pla	
o de se de marie de la constante de la constan	230. [	URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION SHY OR TOWN	COUNTY MAIE
I - 16 50M 4/82	24. FI	INERAL DIRECTOR	015 114 NADDRESS	/ 250 D/		256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

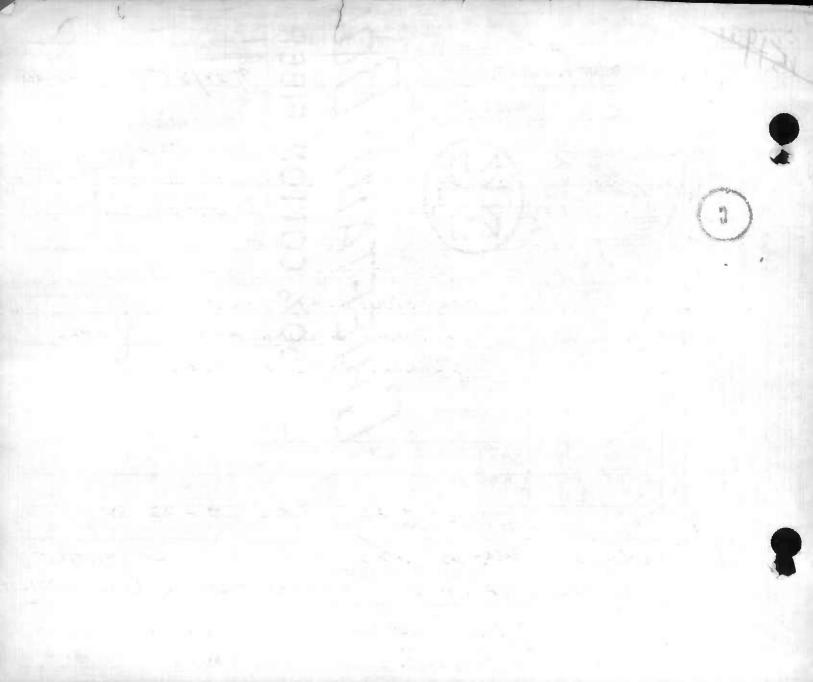
TEN C SYTTEMS THE THE STORY TO MENT

ATTACHED TO THE PARTY OF THE PA

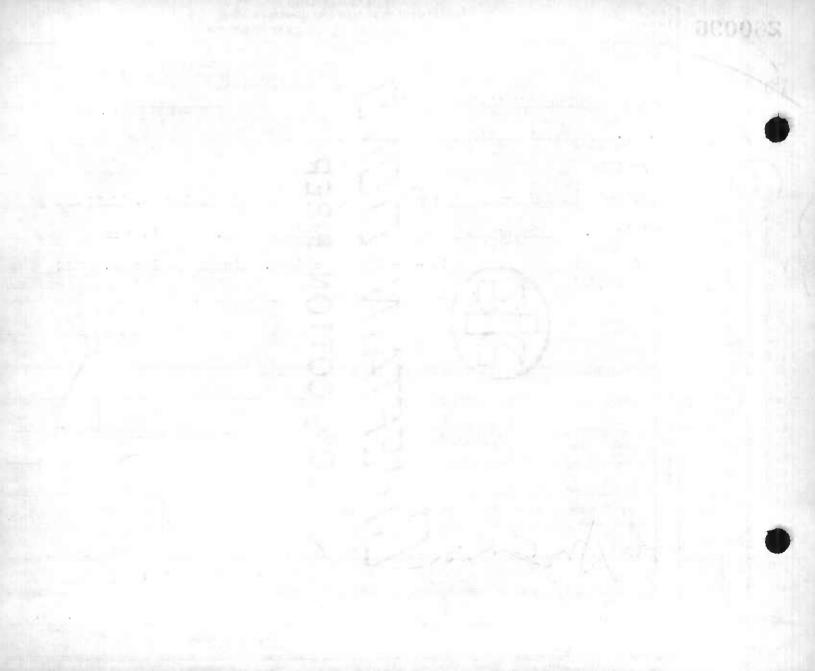
STEALOUS TENED TEMESONER FOR THE STEAL OF TH

12 1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 4 6 9 3
1 DI	REGISTRAR ECEASED NAME FIRST		NEO. INO.
	PE OR PRINT)	24 0	OF ESTI-
3. SE	Delor X I4 RACE	B. MEDDEL	DATE MONTH DAY YEAR IN HOLE
. 30		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PROJ	NOUNCED 9:10
	emale White	8 24 25 00 183.	DEAD 9/ 9/ 185   A A
/0 E	OREIGN COUNTRY)	MARRIED LAWEVER MARRIED L	ALTIMORE CITY OF COUNTY OF DEATH
	aryland		altimore County, M
10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST (	OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY
	tevenson		gement Anal. Gov.
	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13t. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET A	DDRESS Frederick, Md.
		rick Frederick YESK NO 1745	Heather Lane 217
14. F	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME	MIDDLE LAST
	dward	Riley Viola	Frazer
16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Frederic	ck, Md. 21701
	No	Frederic 213-20-4263 Charles Webber	1745 Heather Lane
	18 CAUSE OF DEATH (Enter or	one cause per line for (a), (b), and (c),) Tricviic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSE	BY: E CAUSE (6) Trieyclater antidepressant overdo	se
	WOULD!	DUE TO, OR AS A CONSEQUENCE OF	A STATE OF THE STA
	Canditions, if any, which gove rise to immediate	(b)	
	cause (o) stoting the under	DUE TO, OR AS A CONSEQUENCE OF	
	lying cause lost.	(c)	
1,	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
FIC			
FR	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATUR	YES NO   FOR INITIAL TRANSPART LOR PART 2)
	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
MEDICAL	CONTRIBUTING CAUSE OF	21e PLACE OF INJURY (ATHOME. 21f LOCATION	erdose
MEC		STREET, FACTORY, FARM, ETC.) STREET CITY	ORTOWN COUNTY STATE
	AT WORK AT WORK	Clinic 1718 Greenspring Va	lley Rd. Stevensonville.
	22a I certify that I toak char	e of the remains described above, held an Autapsy XX, Inspection In	quiry . and in my opinion
	death resulted fram: Natu	Accident , Suicide , Hamicide Undetermin	ned manner .
	\ \tag{\tau}	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	M.D. Assistant MEDICAL	EXAMINER SIGNED 9/9/85
		M.D. TEDICAL	EARWHILE STORED
1	EXAMINER'S NAME (TYPE OR PRINT) Gre	gory R. Kauffman, M.D. ADDRESS 111 Penr	st.
23a.1	BURIAL, CREMATION, REMOVAL		ION
	(SPECIFY) Urial	Cemetery	ville Fre
	FUNERAL DIRECTOR C D	uglas Stauffer   250. RAJE DEC D BY PTC	'IST'
		n Pk. Frederick Md. 21701	

2					SIAIF	OF MARTLAND	- PA 177	1. A	6 0 41 -		
277901	1	FOR STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.								
15 mg	1 DE	CEASED NAME FIRST	WEBSTER MIDDLE		LA	51	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 42 OPM		
may . pag	3. SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS AST BE	RTHDAY) IF UNDER	I YEAR IF UNDER 24 HRS		
		Male	Cauc.			/14/11 YEAR	73	YRS	BATS HOURS MIN.		
4 4 5	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF DE	ATH		
	10.0	Md . ITY OR TOWN OF DEATH	USA	TAL MILECINI	WIDOWE	DIVORCED DIVORCED		ore Coun			
1140	10 0	Balto.	St. Agn	TY, GIVE STREET	ADORESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Funeral		Schimunek Fun.Home		
1		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RE	SIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS		1 dir. nome		
CCV		Md. B	alto.	Balt		YES NO 🛣	417 Over	brook Rd	. 21228		
1/0//	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST		
1 002	14- 1	George Webs		OCIAL SECU	DITUNIO	Rosa Horr	ner	ECC			
pod of		YES, NO OR UNKNOWN)   (IF YES GI	VE WAR OR DATES]	.7-26-		Rena Webs			s		
gred by the attention phy in please extraction properties are to build, cremental, or seme ry, or other trajements even		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A  (b)  DUE TO, OR AS A	CONSEQUE APC CONSEQUE	NCE OF NCE OF	MONARY A  A OF LUN  APTERS  NOT RELATED TO THE TERM	G AND DISEA		3 HRS		
he law requon.  has been si permit. The ene prior to was any inju	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I	FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?		
PHYSICIAN: The ending physician this certificate he than burial-transit for Mental Hygier d or frem 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M		Y YEAR	21c. HOW INJURY OCCURR	9.00				
attendin offer this os the build hand Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ		ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COU	NTY STATE		
spital or CTOR; A I for use of Health		22a.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no				that in (my) (aur) apinion of	death accurred an the o	ate and hour and fro	that (I) (we) last om the causes stated		
IAL DIRE		Pause Gause	speed.	R	m	PHYSICIAN L	MEDICAL STA	FF -	DATE SIGNED		
O HOSFIAL O TUNETH O HOSFIAN WITH THE STORE		22d PHYSICIAN'S NAME (TYPE OF ALL)	PO TRA 1	$m \cdot g$		ST AGNE	S HOSPIT	AL IRA	CT, MD2/2		
BP		Burial, cremation, removal (SPECIFY) Entombment	10/2/85	5 L	orrai	metery or crematory ne Maus.	23d LOCATION CHYORTOWN Balto.				
DHMH - 16 60M 7/84		Schimunek Fur					E REC'D. BY REGISTRA	1 2 . 1	70		
(VRA 15, 4)		3331 Brehms I	ane, Bali	. M.	d. 21	$213 \mid 00$	T 1 1985	Trina enviole	ion-Handell		



								MARYLAN								
200000		FOR STATE				MENT OF				200		2	ling	0	9	3
260096		REGISTRAR			MEDICAL	EXAMIN	ER'S	CERTIFIC	CATE			REG. NO			1	
/		CEASED NAME OR PRINT)	E FIRST		MIDDLE			LAST			a DATE	KNOWN	MONTH	DAY	YEAR	26 HOUI
No. 10 E		- CHINATO	Aiv	VA.			1	WEHR			OF DEATH	MATED [	9	5	19 85	5
10世紀2月	3. SEX		4 RACE	5. DATE OF		6 AGE (IN YE	ARS IF UI		IF UNDER	24 HRS.	2c. DATE		MONTH	DAY		
Z S S S S S S S S S S S S S S S S S S S	Fo	male	T.Th. date of		DAY YEAR	LAST BIRTHD		HS DAYS	HOURS	MIN	PRONOUP DEAD		9	5	19 85	7:38
- 37 E	7a B1	RTHPLACE (S	White	76 CITIZEN	/1948 OF WHAT COU		8					ORE CITY O	60"	VTY OF		A.A
の最高を表		REIGN COUNTRY						IED - NE		IED 🔲			_			
Zana		. Va.	OF DEATH	US 11 NAME C	A OF HOSPITAL, NU	IRSING HOME	WIDOV		DIVORO			PATION CIVE		-	IND OF F	MI
- 18 A B B B B B B B B B B B B B B B B B B	/			(IF NOT IN	SUCH FACILITY, GIVE	STREET ADDRESS					OST OF WOR		OF WORK	C	OR INDUS	TRY
- 3 May 2	R	ossvil	Le	Frank ME OR OTHER INSTITUT	lin Squa			1 (DOP	1)							
8 29 5027	13a S		13b. CO			Y OR TOWN	ON)	13d. INSIDE C	ITY LIMITS?	13e STRE	ET ADDRE	SS				
(第114年の表現)	_	aryland		ltimore	Es	sex		YES 🗌	NO 🚱	314	Pop	lar Rd	-21	221		
O SAN H	14 FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAID			IDDLE			LAST	
単 文は立刻を	0	ville	M.	Chapman				Mari		S		Halt	erms	n		
N SSEE		AS DECEASE		ARMED FORCES	? 166 SO	CIAL SECURIT	Y NO.	17 INFORA	TAAN			ADDRESS				
RES AFTER S. GIVE PA WITH FOI I. PAGES DIVISION		no	(18 165, 0	SIVE WAR OR DATES	21	7-60-22	67	Davi	d J.	Wehr	314	Popla	r Rd	2	1221	
SECOND DIVINO		18 CAUSE C	F DEATH (Enter	anly one cause p						0.5.11		LUPIL			APPROXIMA	TE INTERVAL
ON ST MAHO MENERAL MAL		PART I DE	ATH WAS CAL	ISED BY: DIATE CAUSE (a).			card	itis						861	WEEN ONS	ET AND DEATH
5 2E3E32		125.10	NAMALET		O, OR AS A CO											
SE SESSE	N		ns, if any, wh													
A FEMALES			se to immedi		O, OR AS A COI	NSECUENCE (	76							-		
N. S.		lying cau			O, OK AS A CO	143EQOEI4CE (	Jr									
S S S S S S S S S S S S S S S S S S S		PART 2 MINER CO	CNIETCANT CONDITI	(c) Ons <u>contributing</u> to	THE TON THE UTING	120 70 700 700										
DIVISION OF VITAL RECORDS.  IS CERTIFICATE SHOULD BE EXECU- ARTING THE WORD "PENDING" REDED TO THE CHIEF MEDICAL EST SHOULD BE USED AS A BURN TE DEPARTMENT OF HE AITH AND 201 PRIOR TO BURNAL, CHEMPTO	z	TAKE 2 DINCK 31	QUILICANS COUNTIL	ONS CONTRIBUTING TO	DEATH BUT NOT BEL	ATEU TO THE TERM	INAL DISEAS	E OR CONDITION	N GIVEN IN PA	RT 1 (a).						
SAS AS	CERTIFICATION	19a DATE OF	ODERATION	lini	ONDITION FOR	WILLIAM COLO	47101111	(AC BEREOR								
VITAL RESHOULD ORD "PE CHIEF LE USED URIAL, URIAL,	Z.	ING DAIL OF	OFERATION	140. C	ONDITION FOR	WHICH OPEK	ATION V	AS PERFOR	MED?					20.	AUTOPS	<b>(?</b>
F VITAL WORD WORD WORD WORD WORD WORD WORD WORD	RTI	AL EVERNIA	AL CAUSE WAS				1								YES Z	NO 🗆
THE W THE W THE W STAMEN	CE	UNDERLYING			ME OF INJURY IR A.M. MONTH	DAY YEAR	ZIC. H	OW INJURY	OCCURRE	D (ENTER N	ATURE OF IN.	TURY IN ITEM 18	ART 1 OR P	ART 2}		
CERTIFICA TING THE SED TO THE SED TO THE BED TO THE BED TO THE BEPARTM I PRICE TO	CA	CONTRIBUTI	NG CAUSE		P.M.	19		1								
DIVISION S CERTIFIC RITING TH RDED TO JE 3 SHOU E DEPART OI PRIOR	MEDICAL	21d. INJURY C			ET, FACTORY, FARM,			CATION			CITY OR TO	WN	C	OUNTY		STATE
ISSA4-	-	AT WORK	AT WORK					14.6								02
NER: THIS CATE, WI FORWALP THE STAT		22a   certi	fy that I taak ch	arge of the rema	ins described abo	ave held an	Autop	K v	Inspectio		Inquiry		d in my c	in inian		
EXAMINER: CERTIFICATE CERTIFICATE UID BE FOR DIRECTOR: , WITH THE S MARYLAND,		death result		atural causes X	1		icide	Homic			rmined mo		o in my c	pinion		
PER BERTH			/\		2, 7,00,00,11		cide	TITLE (SI		Ondere	Timile d'inc	Jimei				
S S S S S S S S S S S S S S S S S S S	1	ACTUAL SIGNATURE	11/2	(1	N			Assi			C	5.12	DATE		-5-8	5
SER RESEARCE	/	/	1	-	101		- "	.0.21001	o com	MEDI	CAL EXAM	INEK	SIGN	ED		<u> </u>
MED CUTE SE 4 LIMO		EXAMINER'S (TYPE OR PRI	NAME AT	m M. Dia	con, M.D	).		ADDRESS_	111 F	enn S	St.,	Balto.	, MI	) 2	21201	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST. BARTIMORE, MARYLAND, 2			TION, REMOVA	LI 23b. DATE	122.	NAME OF CEA	AFTERY		)RY	123d 100	CATION					
	(5	PECIFY)								CITYO	RTOWN	dom	COL	YTMU		a.
07/84 BP	24 FL	INERAL BIRE	igl-	1 9/8/8	35 N	ethkin	Hil	Ceme	ZSO. DATE	REC'D BY	k Gar	R 258 BEGI	STRAR'S	SIGNA		
DHMH - 17 (VR A15 ME (5))		NAME			DDRESS				SF	P 1 1	1985	R 256 REGIS	David	501-1	Laston	-
(VK A13 ME (3))	100	nnelly	Funera	1 Home	300 Mace	Ave 2	1221			-	.500	1/				



266095

STATE OF MAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.				-	
B	2a. DATE OF DEATH	MONTH	1 L	8F	26 HOL	JR P	
	6 AGE (IN YEARS LAST B	IRTHDAY)			IF UNDER 24 H		
R	0.0		MONTH	S DATS	HOUR5	M	

1120101117111			
ECEASED NAME PE OR PRINT)	FIRST	WIDDLE	Weindra d
FEMALE		4 RACE WHITE	5. DATE OF BIRTH  MAR. 3. 1897
		THE CONTRACT CONTINUES	

897

HOSPITAL

MARRIED NEVER MARRIED WIDOWED DIVORCED [

YLAND

BALTIMORE COUNTY LTYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE

MIDDLE

126. KIND OF BUSINESS INDUSTRY

AT HOME

TITY OR TOWN OF DEATH RANDALLSTOWN

**ABRAHAM** 

BALTIMORE COUNTY GEN. 13c. CITY OR TOWN

13d INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME

IDA

13e.STREET ADDRESS / ZIP CODE 2327 FARRINGDON RD.

BALTIMORE CITY OR COUNTY OF DEATH

21209

MILLER

MARYLAND FATHER'S NAME

RUSSIA

- STATE

DECISTRAD

18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and 101.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

BALTIMORE

WASSERMAN 166. SOCIAL SECURITY NO.

BALTO.

MRS. RENA BROWN 17 INFORMANT

BALTO., MD

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

214-03-0939

6624 CHIPPEWA DR.

21209

Conditions, if ony, which gove rise to immediate 10), stoting the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

-122601	
DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.)

211 LOCATION

CITY OF TOWN COUNTY STATE

22a I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 9

above, (1) two (did) (did not) view the bady after death

DEGREE ATTENDING

MEDICAL STAFF WRECTOR PHYSICIAN

20a AUTOPSY?

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED

6010 REISTERSTOWN RD

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

226 SIGNATURE

22e ADDRESS

ROSEDALE

BALTO.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORT

24. FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

SOL LEVINSON & BROS., INC.

SEPT.13,1985

BALTO.

PETACH TIKVAH

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

- STATE REGISTRAR			DEI ARI		ICATE OF DEATH	REG. N	0.		
1. DECEASED NAME	Lloyd		gleton		eitzel	20 DATE OF DEATH	ept. 22	YEAR -1985	26 HOUR M
3. SEX Male		4 RACE White	e	S DATE OF MONTH		6 AGE (IN YEARS LAST BIF	YRS IF U	NDER I YEAR	IF UNDER 24 HRS
10. BIRTHPLACE (STATE COUNTRY)  Marylan	or foreign nd	76. CITIZEN OF V	NHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	_		MD.
Phoeni	x	3915 L	ongmoor	Circ	cle	V-Pres. O	ranchel	INDUSTRY	anking
USUAL RESIDENCE (# N 13a STATE Marylan	1136 COUN		136 CITY OR TOV Phoen	VN	13d INSIDE CITY LIMITS?	3915 Long	zip code gmoor (	Circle	e, Phoeni
John		MIDDLE	Weitze	1	15. MOTHER'S MAIDEN NA EILA	#IDDLE		owse	21131
160 WAS DECEASED EV (YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	215-03		Kathryn E.	Weitzel 391	TILOG		21131 Circle
18 CAUSE OF DE PART I. DE ATH	WAS CAUSE	ED BY TE CAUSE (a)	R AS A CONSEQU	ne m	Carrow F	Polesia		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
Conditions, if a gave rise to cause 101, sto underlying ca	immediate oting the	(b)	R AS A CONSEQU						
	IGNIFICANT (	CONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	winal disease or con			
190 DATE OF OPE	661	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
210 ACCIDENT WAS	UNDERLYING [	216. TIME O	FINJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	

HOUR A.M. YEAR

(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

and that in (my) (and opinion deoth accurred on the date and hour and from the causes stated

COUNTY STATE

Md.

23b. DATE

21e. PLACE OF INJURY

DEGREE

23¢ NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

L. Myrton Gaines MD PA

22e ADDRESS

7800 York Road Towson, Maryland 21204

Woodlawn Balto.

(SPECIFY) Burial 24 FUNERAL DIRECTOR

Martin D. Lawson 10 W. Padonia Rd.

9-26-85

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE wha Davidson

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT

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Breeze Contract Con Action

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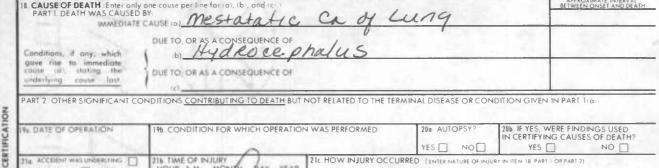
r want to

MEDICAL

DHMH - 16 60M 7/84

(VRA 15, 4)

36	FOR STATE REGISTRAR			NT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 2	4 6 9 9
	PATK	CICIA A	MIDDLE WE		ber6er	20 DATE OF DEATH MONTH	24 -8 5 6 40 AM
	Jenal Jenal	e PACE 1	Unite 5	DATE O	PERITH 1 3 SEAS	6 AGE (IN YEARS LAST BIRTHDAY)  4 6  YRS	MONTHS DAYS HOURS MIN.
35	BAHO MI	D 76 CITIZEN OF	-	MARRIE(		BALTIMORE CITY OR COUNT	
90	TOW SON		HOSPITAL, NURSING		S HOSPICE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SECUTORY	128 KIND OF BUSINESS OR INDUSTRY  Insurance
35	USUAL RESIDENCE (IF NURS) 130. STATE  Md	ING HONE OR OTHER INSTITUTION TRB. COUNTY	GIVE RESIDENCE BEFORE AD. 13c. CITY OR TOWN Baltimore		13d INSIDE CITY LIMITS? YES XX NO [	13e.STREET ADDRESS / ZIP COI	DE eights Avenue2121
30	George	Harp	TAM		IS MOTHER'S MAIDEN NA/ FIRST  Vira		LAST
2	THE WAS DECEASED EVER	IN U.S. ARMED FORCES? LIFYED GOT WAR ORDATES!	166 SOCIAL SECURIT 219 26 7	THE	17 INFORMANT  David Wetzel	ADDRESS berger same	
went, III	18 CAUSE OF DEAT PART I. DEATH W	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
troumotic e	Conditions, if any,			CE OF	halus		
scother	underlying couse	100510-0	R AS A CONSEQUENC	CE OF			



YES ] YES [ NO [ NO 21s. ACCIDENT WAS UNDERSTING. 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. YEAR OF CONTRIBUTING CAUSE OF SEATH THE STREET, NOTIFY ASSESSED AS EXAMINED. P.M 19 21¢ INJURY OCCURRED TIA PLACE OF INJUR THE LOCATION CITY OF TOWN COUNTY AT HOME MIEET FACIORY 574651 proce rancetta ALMON E

22x.1 certify that (I) (this haspital) attended the day saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

above, [1] [well (did) [did not) view the body after a 77% SIGNLATURE DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

NAKHUDA M.D,

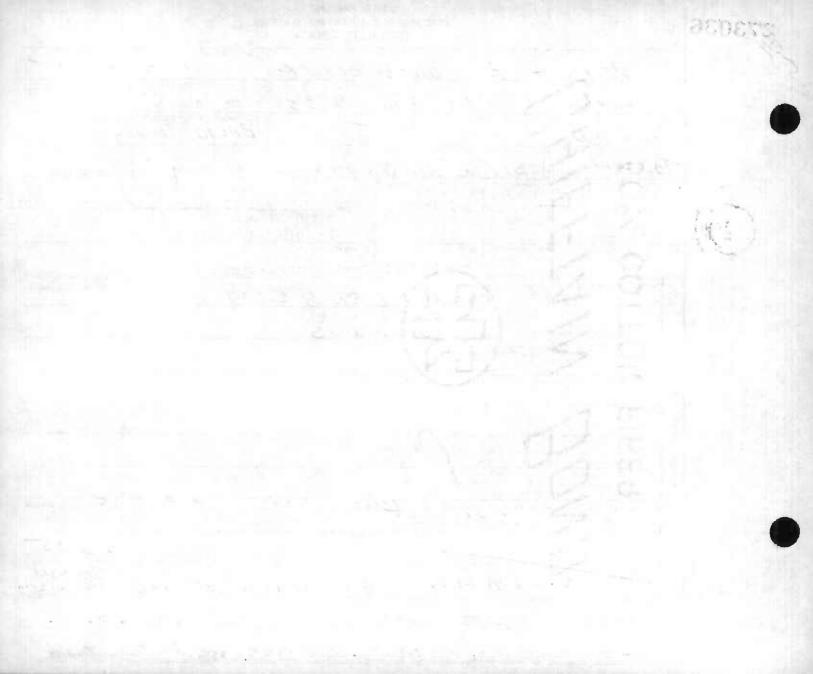
23s. BURIAL CREMATION, REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY 09/24/85 Westview Memorial Pk Westview, Balto. Co. Cremation

24 FUNERAL DIRECTOR

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

Silia Navidron Burgee-Henss Funeral Home, 3631 Falls Rd. 21211



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR		STATE OF MARTLAND		0 1 1 11 11
FOR STATE	DEPA	RTMENT OF HEALTH AND MENT		6 4 1 0 0
REGISTRAR		CERTIFICATE OF DEAT	H REG. NO	o.
1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 76 HOUR
BILL		WHITE	SEPTEMBER 30	7.00 4.0
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BIRT	
741777	70 W 1 CHEE		AR	MONTHS DATS HOURS MIN
MALE 1. BIRTHRI ACE	BLACK	The second secon	926 59	YRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	IL CITIZEN OF WHAT COUNT	MARRIED NEVER MARRI	ED BALTIMORE CITY O	R COUNTY OF DEATH
NORTH CAROLINA	U.S.A.	WIDOWED DIVORCI		OUNTY MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	
TORT HOWARD	VA MEDICAL CEN		CONSTRUCTIO	
RESIDENCE (IF NURSING HO TATE	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)		
MARYLAND	UNTY 13t. CITY OR T			
FATHER'S NAME	DSTRITION	15. MOTHER'S MAIL		NAT AVENUE 21216
FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
THE WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS		ADDRE	Winston
	GIVE WAR OR DATES)	Villie Th	nomas 3022 Belmo	ont. Avenue
YES	TT 219 10	1.895 CTITICAT	RECORDS VALC	PACIENT HOLLVEST LAD -
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b)	, and ic		RETWEEN ONSET AND DEATH
	ATE CAUSE (a) PTICTOTE AT	PORY ARREST		Pin Shavurs
	DUE TO, OR AS A CONSE	OUENCE OF		
Conditions, if any, which		ATTC CANCER OF HY	TOODYADVNY	YEARS
gove rise to immediate cause (a), stating the			TOTASULTAS	Leians
underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
PART 2 OTHER SIGNIFIC AN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED TO T	IS YED IN DIST OF OR CO	
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR CONL	OTTON GIVEN IN PART TO
MAINUTRITION		ICH ODED ATIONI WAS DEDECODED	Ton Autonous	I ON THE WEST STATES OF THE PARTY OF THE PAR
MATINITETITO	190. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
II I			YES NO	YES NO
	11b. TIME OF INJURY	DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
S LIF EITHER NOTIFY MEDICAL EXAMIN		19		
OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY	211 LOCATION	CITY OR TOV	NN COUNTY STATE
AT WORK AT WORK	TAL HOME STREET, PACTORY, OFFI	(E PARM, EIC.)	(11) (10)	STATE
220.1 certify that (I) (this has	pital) attended the deceased fro	m SINPUNNIBING 18 10	85 to SEPPHENISH	ER 30 19 85 that (1) (we) last
sow the deceased alive o	on SHPUMBIR 30 1	85 , and that in (my) (our) o		te and hour and from the causes stated
27b. SIGNATURE	not view the body after death.	DEGREE		22c DATE SIGNED
Georgia	Wellanthan	ATTEND		F
22d. PHYSICIAN'S NAME (TYPI	///000000	PHYSIC	IAN DIRECTOR PHYSIC	9-30-85
LLU. PHISCIAN SINAME (TYPI	(MAKINI)	22e ADDRESS		
GEORGE VILL	ANI, M.D.	V.A. MEDI	CAL CENTER, FT.	HOWARD MD
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE 2	30 NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	
Burial	10/4/85 G	arrison Forest V	et Owings	Mills Ma

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremotio

MPORTANT, If Hem 21 is morked or Item 18 shows

TO FUNERAL DIRECTOR. After this certificate has been

William C. March F/H Inc West 4300 Wabash Aven

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

OCT 2 1985 Gulia Deviden Andre



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

5	2	4	i	0

	1	REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST	٨	AIDOLE		LAST		HTM	DAY YEAR	26 HOUR	_	
		Mila			W	hite	September	30	1985	5:30 P	M	
	3 SE		4 RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHO		MONTHS DATE	IF UNDER 24 HE	RS	
		Female	White		June		51	YRS	MONTHS DATS	HOURS MI	7	
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR		TY OF DEATH			
		New Jersey	USA		WIDOW		Baltimore	. Co	ounty		MD.	
0	10 C	ITY OR TOWN OF DEATH	11. NAME OF H	H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPATION	1	126 KIND O	F BUSINESS (	OR	
9	TISTL	Essex AL RESIDENCE (IF NURSING HOME		ince Road	* DAY (\$ 4 O b 11)		Housewife				_	
2	13a. S	STATE 136 COL		13c CITY OR TOW		YES NO **	13e STREET ADDRESS / Z 921 Lance H					
ij	14. FA	ATHER'S NAME			Sec. III	15 MOTHER'S MAIDEN NA					_	
Ю		Andrew	MIDDLE	lackov		Erina	WIDDLE		Branko			
F	16a V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		DIAMAG	vall		
-	- 1	YES NO OR UNKNOWN) (IF YES, C	IVE WAR OR OATES)	139-26-	5599	Donald Lewis	White 921 L	ance	e Ave. 2	1221		
7		18 CAUSE OF DEATH (Enter of		line for (o), (b), one	d (c				APPROXI BETWEEN C	MATE INTERVAL	THI	
	-	PART I. DEATH WAS CAUS	SED BY	Cerebrov	ascu	law accept	ent	Iday				
	166	WWED			NICE OF							
		Conditions, if any, which	DUE TO, OF	RAS A CONSEQUE	ACE OF	atherosclero	Sis		34	3 UVS		
		gove rise to immediate	16)			Chin by Court					_	
		couse to, stating the underlying couse lost	DUE TO, OF	R AS A CONSEQUE	NCE OF							
			(c)		-							
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION G	IVEN IN PART 1	>		
Ц	CERTIFICATION											
r	N N	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			ES, WERE FINDIN			
W,	H			25.5			YES NO		YES 🗌	NO 🗌		
	Ü	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	YEAR	210 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18	PART : OR PART 2)			
	¥	OR CONTRIBUTING CAUSE OF D	LAIN		19	DISCHALDIN						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE (		17	21f LOCATION			-		_	
	M.	WHILE NOT WHILE	(AT HOME, STR	EET FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN		COUNTY	STATE		
	100	AT WORK AT WORK				0.04	Cont	2.0	-			
		220.1 certify that (1) (this hos	C 3	deceased from_	0-	OC# 19 84	10 3001	20		that (I) (we) li	ost	
		saw the deceased alive a obove, (I) (we) (did) (did)		ofter death.	, 0	nd that in (my) (our) opinion o	death accurred on the date	and ho	our and from the	couses stated		
	7-1	226 SIGNATURE			22c DATE	SIGNED						
		ton W	arre	Ulen	. 4	MA ATTENDING D	MEDICAL STAFF DIRECTOR   PHYSICIAI	4 🗆	9	9/30/85		
	W	274 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS						
		LAWKENCE	WALRED	APLE	re-	(037 IN61	LE SIPE AVE	. 1	BALTO!	4D 21	226	
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	AME OF	EMETERY OR CREMATORY	23d LOCATION	-	COUNTY	STATE		
		Burial	10/3/8	35 Ho	11v H	ill Cemetery	Middle Rive	er F				
	24 EI	INIEDAL DIDECTOR				25 DATE	E DEC D BY DECISTDADIAN	DECK	TRANSCRICT	1105		

Connelly Funeral Home 300 Mace Ave. 21221

OCT

DHMH - 16 60M 7/84

(VRA 15, 4)



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

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9	commer lava	10 May 10 10 10 10 10 10 10 10 10 10 10 10 10
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יום החוום או	aws ony injury, ar other to	
indenie brie	18 shaws ony	1 .
io inchi	Hem	
OLIO ILLIDOL	is marked ar	1
re Debt. or	: If hem 21	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competent the	should be detached for use as the burial-transit permit. Then please remove carban paper. Pages 1 Thould	with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, ar removal.	IMPORTANT: If them 21 is marked or them 18 shaws ony injury, ar other troumatic event, the medical suppression
TO FUNERAL DIRECTOR: After this ce	should be detached for use as the burn	with the State Dept. of Health and Mer	IMPORTANT: If them 21 is marked or the
		044	-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	TYPE	OR PRINT)	ZABETH H.	WHI	TEHURST	Septembe	er 1, 1985	1004
	3. SE)	Κ	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		
		Female	White		= 14, 1903	82	YRS.	MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1		MD	USA	WIDOWE		Baltimore	County	MD.
9	10.55	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR 12409 Happy	EET ADDRESS)		120 USUAL OCCUPATI	ION 126 KIND OF WORKING LIFE! INDUSTR	Y
9	USUA	AL RESIDENCE (IF HURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMITS?	130.STREET ADDRESS	930 ZIP CODE	Camp
1	14. FA	THER'S NAME		-	15 MOTHER'S MAIDEN NA	ME		
		Charles	G. Hogg		Margaret	MIDDLE		
1	16a V	VAS DECEASED EVER IN U.S. AF	- 33	CURITY NO.		121 Hantegre		
		NO OR UNKNOWN) (IF YES, GI	ve war or dates) 218 40	4764				
			nly one couse per ling for (o), (b),		IVVIIII VV.	vviilleriurs	APPRO	DXIMATE INTERVAL
	-	PART I. DEATH WAS CAUSI	D BY:	1.	Recent	Concinom	BETWEE	N ONSET AND DEATH
	3	IMMEDIA	TE CAUSE (a)	S. HOUL	- John Control	COULDING		
		Conditions if any bish	DUE TO, OR AS A CONSEC	QUENCE OF				
		Conditions, if any, which gove rise to immediate	(b)		A L	September 1, 1985    1985		
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVEN IN BART	lu a
	Z	TAKE 2. OTHER SIGNATION	CONDITIONS CONTRIBUTION	O DEATH BOT	NOT RELATED TO THE TERM	IIIAE DISEASE ON CON	DITION GIVEN IN FART	110
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b. IF YES, WERE FIND	DINGS USED
1	IFIC		The second second			VES D NO		
	ERT	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
1		OR CONTRIBUTING CAUSE OF DE						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E FARM ETC )	STREET	CITY OR TO	WN COUNTY	STATE
		AT WORK AT WORK	ital) attended the deceased from	<u></u>	eb- 25-10 74	- (0.1	1 1000	
				5,		death occurred on the de		
		obove, (I((we) (did) (did no	of) view the body after death.		DEGREE			
	MAIN ATTENDING MEDICAL STAFF G/2/							
U.		Davis M	2 Hahn		3601 Loc	ch Rave	n Blud.	21239
	23a. B	URIAL, CREMATION, REMOVAL	. 23b. DATE 23	. NAME OF C	EMETERY OR CREMATORY		r Our	CTAPE
	-	specify) Burial	9/2/85	Druid	Ridge	Pikesvi	lle.	MD
	24. FL	INERAL DIRECTOR Henry	W. Jenkins	Sons	CO . 250, DATI	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN	andalst
			Balto MD		12 SEP	4. 1900.7	J. J	b.

21212

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

Balto.

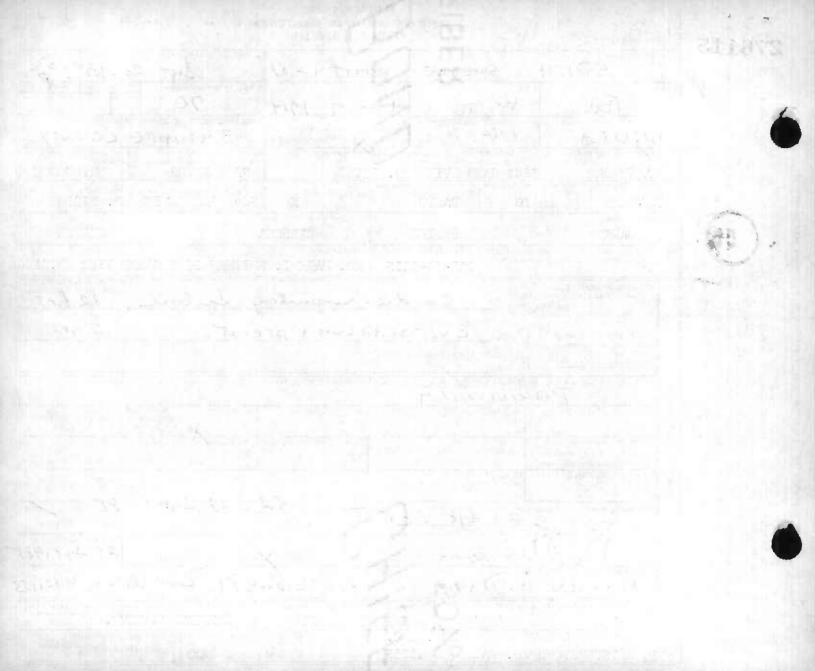
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property H. HITH... Since 1, und hits not hits not will be a second state of the secon

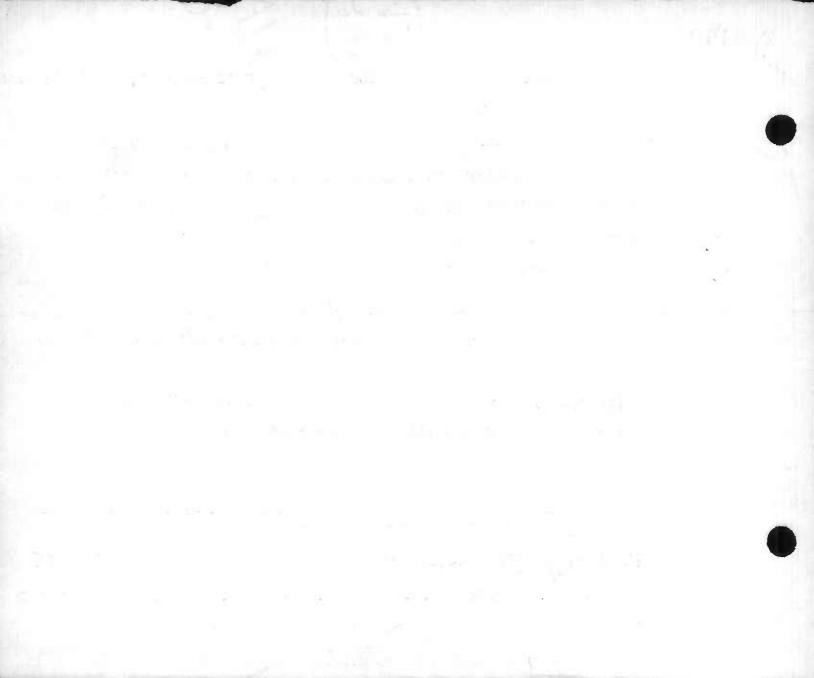
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020445	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		24	103
276115		CEASED NAME FIRS	1	MIDDLE	1	AST	REG. NO	MONTH DAY YE	AR 26 HOUR
poge 3	[ TYPE	ORPRINT) ED17	-H \$X	XXXXXX	W	HITMAN	Se	V 28,19	20 11000
rctor. pc	3. SEX		4 RACE	4 RACE S. DATE O		DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
10 10 8A	7a BI	RTHPLACE (STATE OR FOREIGNERY) U.S.A.	76. CITIZEN OF	WHAT COUNTRY	/? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O		
	10. C	TY OR TOWN OF DEATH	{IE NOT IN SU	CHEACILITY, GIVE STRE	ET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KII FWORKING LIFE) INDUS	ND OF BUSINESS OR
1499		BALTIMORE AL RESIDENCE LIE NURSING HO	3603 GA	RDENVIEW	RD. 2	1208	PROPRIETO	R	DRY GOODS
1 11 35	13a S M	ARYLAND 136 C	BALTO	13c. CITY OR TO BALTO	WN )	13d. INSIDE CITY LIMITS? YES NO	3603 GARDE	NVÍEW RD.	21208
( MO	14. F.A	MARK	MIDDLE	SMEYN	IE .	IS MOTHER'S MAIDEN NAV			STLVER
		VAS DECEASED EVER IN U. YES NOOR UNKNOWN) (1F.Y	S. ARMED FORCES?	166 SOCIAL SEC		MR. MARK I.	WHITMAN 360		TEW RD.21208
ING PHYSICIAN: The low requires that the death certificate be extremed within 24 hours contending physician.  After this certificate has been signed by the attending physician and complete the last the buriol-transit permit. Then please remove corbon papers. Please the please remove corbon papers. Please the please remove the and Mental Hyperer scient to buriol, cremation, or removely orked or life it 18 the sally injury, or other troumatic event, size multi-	Z	Conditions, if any, white gove rise to immedia couse (a), stating the underlying cause lost	DUE TO, C  h e e DUE TO, C  DUE TO, C  (c)	R AS A CONSEO C Y 5.7 R AS A CONSEQ	UENCE OF UENCE OF	R COM A Br	y fauli east INAL DISEASE OR CONI	ne	PROXIMATE INTERVAL VEEN ONSET AND DEATH  12 Hrs  2 yrs
on. hos been t permit. T	CERTIFICATION	19a DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
HYSICIAN: T ding physici is certificate buriol-transi Mental Hysici or Item 18		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR A	DF INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATUR OF INJUR	Y IN ITEM IB PART I OR PAR	7 2)
offending the bund M hond M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, EACTORY, OEFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TO	NN COUNT	Y STATE
OR ATTEND e hospitol o DIRECTOR: A ched for use Dept. of Heal		22a.1 certify that (1) (this saw the deceased ali obove, (1) (w.e.) (did) (c. 22b. SIGNATURE)	enn. 2 J	Jul 10	on J. on	d that in (my) (que) opinion of DEGREE ATTENDING PHYSICIAN		F 224. C	, that (1) (see last in the couses stated DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be dero with the Stote IMPORTANT, if		224 PHYSICIAN'S NAME OF		AVIS		220. ADDRESS 8507 L. Do	AS Ref. Ra	andalls ton	~ Md21133
BP		URIAL, CREMATION, REMO SPECIFY) BURIAL	9/29	/85 A	NSHE E	MUNAH CEM	23d LOCATION B	ALTIMORE, XXXXX	MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR SOL	LEVINSON	& BROS.		25a. DATE	REC'D. BY REGISTRAR	PILLO DE SEGUENTE SEG	NATURE



52140	1 - FOR STATE REGISTRAR	DE	STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 2	4 / 0 4
XI.	I DECEASED NAME FIR	ST MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR Zh HOUR
1 88 12		UART R.	WILCOX	SEPTEMBER 02	2. 1985 03:00A1
1 12	1. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	White	November 24, 1923	61 YRS.	MONTHS DATS HOURS MIN.
77 hou	74 BIRTHPLACE INTALE OR FOREK	U.S.A.		BALTIMORE CITY OR COUNTY BALTIMORE CO	
10 16	10. CITY OR TOWN OF DEATH TOWSON	(IF NOT IN SUCH FACILITY, GIT	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS)  LTIMORE MEDICAL CI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ENTER Atty. Reg	17b. KIND OF BUSINESS OR INDUSTRY ional Mang. Inc.
1136	IJa STATE 13b	OME OR OTHER INSTITUTION, GIVE RESIDEN COUNTY Baltimore		13e.STREET ADDRESS / ZIP COL 404 Tvy Churc	DE Rd. 21093
430	M FATHER'S NAME Stuart	R. Wilco	AST X Emma	MIDDLE	Audon
1/	160 WAS DECEASED EVER IN U		al SECURITY NO. 17 INFORMANT 20-6734 Mrs. Sandra	ADDRESS  R. Wilcox, same	as #13e
ricote has been signed by the other mount permit. Then please remove at Hygiene prior to buriol, cremotion 18 shows any injury, or other troun	190 DATE OF OPERATION  8-1-8-1 210. ACCIDENT WAS UNDERLY	DUE TO, OR AS A CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION FOR AND CONTRIBUTION FOR	WHICH OPERATION WAS PERFORMED  HENRY  COWANGE  C	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
her that cert as the buriol h and Merit riced or then	21d. INJURY OCCURRED  WHILE AL WORK  AL WORK	(AMINER) P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		CITY OR TOWN	COUNTY STATE
PONERAL DIRECTOR: At build be detected for use o thinke State Dept. of Health PORTANT, if them 21 is ma	sow the deceased of above, (I) (web/did) ( 22b. SIGNATURE  22d. PHYSICIAN'S NAME	did not) view the body after death	19 ond that in (my) (over) apinion DEGREE	death accurred on the date and he  MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 9-3-85
25131	23g. BURIAL CREMATION REM		23c NAME OF CEMETERY OR CREMATORY	73d LOCATION	
	Burial	9-6-85	Druid Ridge	Pikesville.	Marcel State
	24 FUNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
- 16 50M 4/83 'RA 15, 4)	Ruck Towson Fi	neral Home Inc	Towson Md 21204	P 5 1985	minum Handelle



41	FOR STATE REGISTRAR SAMUEL WE		STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 5 2	4/0:
	ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH 9 DA	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SAMU		WILDONER	7 11	85 203
3.5			DATE OF BIRTH	, MC	UNDER I YEAR IF UNDER 24
1	Male  BIRTHPLACE ISTATE OR FOREIGN 76.	White I	March 26, 1905	80 YRS	NO DE ATH
1/2	COUNTRY)	II S A	AARRIED TENEVER MARRIED	Baltimore Courty of County C	
13 10	Pennsylvania CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING H	DIVORCED DIVORCED	12g USUAL OCCUPATION	126 KIND OF BUSINESS
25	Randallstown B	Baltimore County (	General Hospital	Retired Insurance	INDUSTRY
85130	DAL RESIDENCE (IF NURSING TOME OR OTH STATE 13 COUNTY Maryland Baltim	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2604 Larchmont D	rivo 21207
ANDA	FATHER'S NAME		15. MOTHER'S MAIDEN NA		711ve 21207
1250	Charles	E. Wildone	er Sadie	Katherine	Sturtz
1	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter only PART 1. DEATH WAS CAUSED 8	234-07-879	Douise Wildo	oner Same as #	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
eale ramove corbon. Id. crematico, or rem	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)		e melastatie (	4
to be been not bee		NDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	inal disease or condition given	N IN PART 110
Down only	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
999	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T ( OR PART 2)
hand Mer	21d INJURY OCCURRED  NOT WHILE  AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FARM,	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
- D		) attended the deceased from	0/1/	- 0/11	776

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY

Woodmere Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

Burial

TA FUNERAL DIRECTOR LETOY M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson AVenue, Catonsville, Md. 21228

73b: DATE

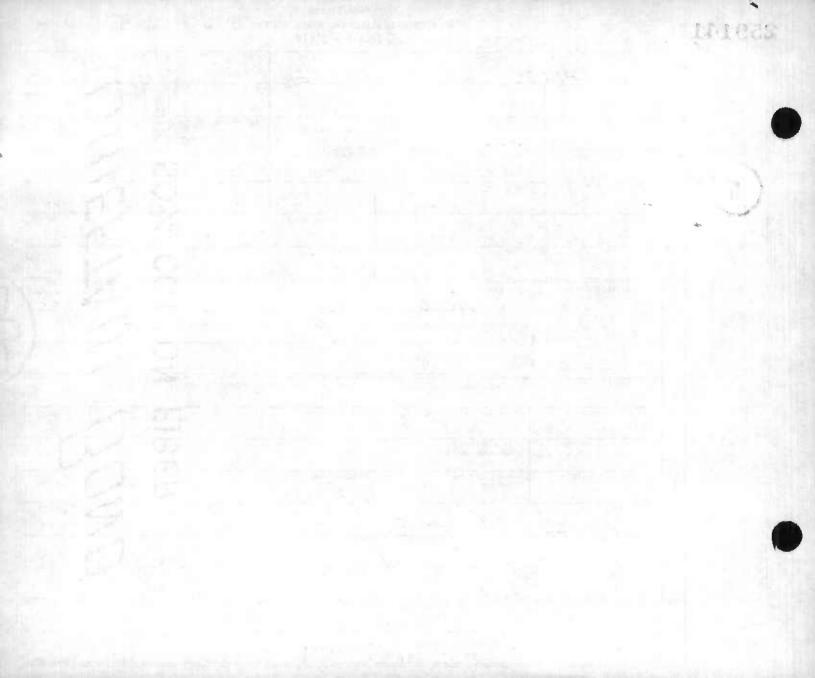
9/17/85

23d LOCATION
GITY OF TOWN
Huntington

West Virginia

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Randallstown, Md.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	I W. PRESTON ST., BALTIN	IORE, MARYLAND 21201
HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Fage is an executed within 24 hours ofter death. Fage is not be hospital or attending physician.	that the death certificate be	executed within 24 hours ofter death. Page
FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion or recognitive liter in the furnish durect owild be detached for use as the buriol-transit permit. Then please remove carbon papers. Part of the third in the force of the other of the other part of the purple of the control of the contro	by the attending physician sease remove carbon papers. P	on consisted lifed in by the turnes) during our Target Streets of

276064		REGISTRAR  CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR			
deoth deoth	{TYPE	CATHE:	RINE MARY	WILLIAMS	SEPTEMBER 26, 19	985 3-45 PM			
moy be	3. SE)		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS			
cto	-	CMALE	WHITE	FEB. 05 1905	80 YRS				
or	(	RTHPLACE   STATE OR FOREIGN OUNTRY) ARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY				
s ofter d	1	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS) OK ROAD	12a USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORK ING LIFE) HOMEMAKER	126 KIND OF BUSINESS OR INDUSTRY HOME			
thin 24 hour	13a S MA	TATE 13b COUP	OTHER INSTITUTION, GIVE RESIDENCE BEFORE  TIMORE CATONS	WN 134 INSIDE CITY LIMITS?					
p ( 10 9)	E	DWARD	RICHAI	RDS ANNA FIRST	MIDDLE	WARD			
Po Po P			MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 215-64-	URITY NO. 17 INFORMANT 2845 RICHARD WI	ADDRESS LLIAMS 1250 BIF	RCH AVENUE 229			
ficate b physician papers. naval. ent, the			nly one cause per line (2) (a), (b),		re	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ending   e carbon m, or rer motic ev			DUE TO, OR AS A CONSEC	WENCE OF 1/10 (	arcinma				
by the offices removing the removing of the removing the		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTED	UENCE OF LCINIMA 6	2 Colon				
equires 1 n signed Then ple r to buric injury, or	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
on. hos bee t permit ene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED TING CAUSES OF DEATH? NO			
CLAN T physicic pertificate ol-tronsi mtol Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I ORPARI 2)			
G PHYS otherding er this ce s the burn ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	2 TE PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
A African Sent Sent Sent Sent Sent Sent Sent Sen		22a   certify that (I) (this hosp	ital) attended the deceased from			9, that (It (we) last			
spito CTO Of H of H			19 of) view the body ofter death.		death occurred on the date and hour				
AL OK, the ho AL DIRE detached ote Dept		22b. SIGNATURE	Laran		MEDICAL STAFF DIRECTOR PHYSICIAN	9-27-85			
FUNERAL STORT OR TANK		22 d PHASICIAN'S NAME (TYPE		3455 Wilker	nc Atronile				
o HOSP		Dr. Sambandar			23d. LOCATION				
BP		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE			
		RIAL UNERAL DIRECTOR		OUDON PARK CEMETERY	BALTIMORE TE RECID BY REGISTRAR 259 REGISTR	MARYT AND AR'S SIGNATURE			
DHMH - 16 60M 7/84 (VRA 15, 4)		HUBBARD FUNERA	L HOME, INC. 41	07 WILKENS AVEN. SE	P 3 0 1985 Julia 1	widson-Nandall			



(VRA 15. 4)

Service National Services

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This is a surprise of the surp

STATE OF MARYLAND

FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24.0	

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	The second second second
1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	HAEL	WINER	SEPTEMBER 6,19	85 5:50A. <sub>M</sub>
3 SEX	1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
FEMALE	CAUCAS	SIAN AUG. 3, 1911	74 yrs	MONTHS DAYS HOURS MIN
TO BIRTHPLACE (S'ATE OR FOREIGN	76 CITIZEN OF WHAT COUP		9. BALTIMORE CITY OR COUNT	Y OF DEATH
GEORGIA	USA	WIDOWED TO DIVORCED		INTY
8 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OF
OWINGS MILLS	314 GARRISON	FOREST RD. 21117	HOUSEWIFE	AT HOME
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE MARYLAND BAL	VITY 130 CITY OF			REST RD. 21117
1. FATHER'S NAME	MIDDLE		MIDDLE	ACTNI IAST
ALBERT	SCHER 14 SOCIAL	BESSIE L SECURITY NO. 17 INFORMANT	MR. PAUL SCHER	AGIN
	VE WAR OR DATEST			EL. MD 20707
PAR HER SIGNIFICANT OF THE PARTY OF T	Platrenter	G TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GI	VEN IN PART II o  S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR COLUMNIC THE CHIEF OF DE	HOUR A.M. MONTH	H DAY YEAR	AND COLUMN TO SERVICE STATE OF THE PARTY OF	ES NO
21d IN JURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	21f LOCATION	CITY OR TOWN	COUNTY STATE
220. I certify that (I) (this happy	6/20		outlion death occurred an the date and ho	19 that (I) (C) la
above the control of	A HALLET	DEGREE ATTENDI PHYSICI 22¢ ADDRESS	NG MEDICAL _ STAFF _	17% DATE SIGNED 9/6/85
DR. LEONARD	LICHTENFELD	2435		BALTO., MD
230 BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE	23c. NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the burial-transit permit. Then please remave carban powith the State Dept of Health and Mental Hygiene prior to burial, cremation, or remay

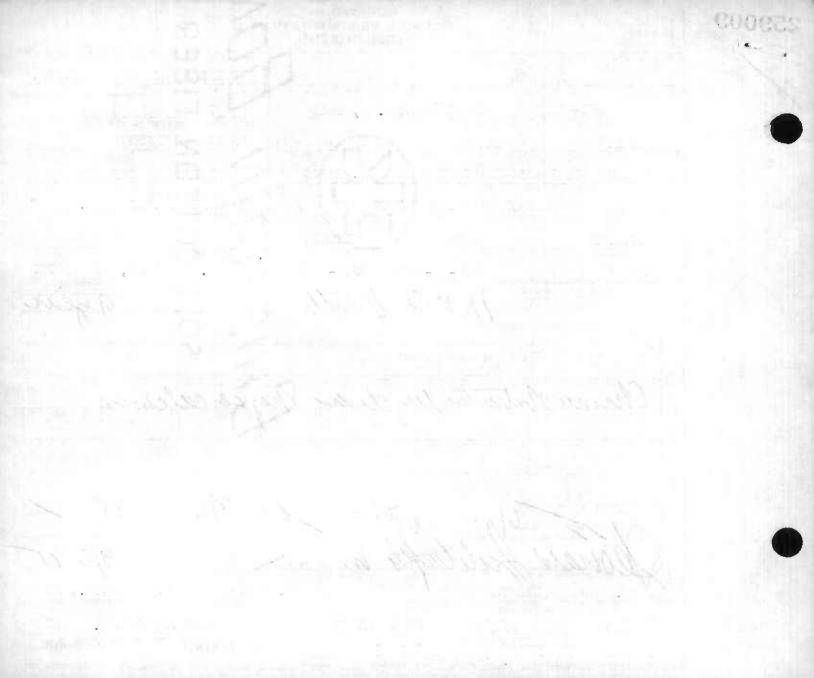
ATTENDING PHYSICIAN The low

MPORTANT: If them 21 is marked ar them 18 shaws any

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 2121

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNAT

MD



DHMH - 16 50M 4/83 (VRA 15, 4)

DIVISION OF VITAL RECORDS,

Connelly Funeral Home of Dundalk

24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Grena Navidson-Gandson

17.41 The John MID E2/31/6

Performance M.D. Frankler Symone Joseph Latel

260058

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

REGISTRAR			CERTIF	FICATE OF DEATH		REG. NO.		
1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
	rry E. I	Wolf			S	eptember 13	1985	6:00 am
3 SEX	4 RACE		5. DATE (	OF BIRTH	& AGE INY	EARS LAST BIRTHDAY)	MUNITE DATE	
Male	Caucasia	an		pary 21 1892	93	YRS		, mid.
O BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	Jb. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMO	RECITY OR COUNT	TY OF DEATH	MD
Randallstown	(IE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET HILL NURSING	ADDRESS)	OR OTHER INSTITUTION	120 USUAL	OCCUPATION K EOR MOST OF WORKING		OF BUSINESS OR Y
	OR OTHER INSTITUTION		N ADMISSION	13d INSIDE CITY LIMITS? YES NOX	13e STREET / 275 01	ADDRESS / ZIP COI		21207
Peter Wolf	MIDOLE	LAST		IS. MOTHER'S MAIDEN NO EIRST Wilhelmina F		MIDDLE	L	AST
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1E YES	ARMED FORCES? GIVE WAR OR DATES)	214-34-26		17 Mrs. Carol Ky 4869 Bonnie I		ad Ellicoti	t. City	21043 Maryland
Conditions, if ony, which gove rise to immediate couse to stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	(c)	OR AS A CONSE	NCE ATH BUT	Now Hold	MINAL DISEAS	E OP-CONDITION G	IVEN IN PARI	OgVS
	1150V	atau	<b>).</b>	ON WAS PERFORMED /	1.	pasy? 126 IF Y	X//Q	DING! USED
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			1	21t HOW INJURY OCCUI	YES T	NOT	TIFYING CAUSE YES	NO 🗌
OR CONTRIBUTING CAUSE OF	NER)	M NK	YEAR	211 LOCATION		NA		
Mark D Schools						CITYRIOWN	COUNTY	STATE
120.1 certify that (I) (this he saw the decrased alive above, (h) way (dish) (dis	9/	he decoded from 19	上	nd that in (my) (biir) opinion	deoth occurre	d on the date and ha	-	
Mach	14	adn	Ma		MEDICAL DIRECTOR	STAFF PHYSICIAN	9/	13/85
224 MYSKIAN'S RAME (1)	/ /			22% ADDRESS	77.4.7	1 0 1 0	/	21/136

230 BURIAL, CREMATION, REMOVAL

73c. NAME OF CEMETERY OR CREMATORY

LOCATION

Burial DHMH - 16 60M 7/84

(VRA 15, 4)

FOR

09-16-85 Mount Olive Cemetery 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

Randallstown Baltimore Maryland 250. DATE REC DI BY SEGGEST 250 REGISTRATE FUCHATURE

Dryffell Billians Belin, Octob about the missisti Hr. Carol Syler

dente of the terms of the least state of the least

with the state of the state, inc. on been a reason of the contract of 273034

1 - STATE
REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

24/13

KEOISTKAK				REG. N	0.		
I DECEASED NAME	RST	MIDDLE	LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
Ru	TH	O. 4	JOOD		9- 3	22-85	328 P
1 SEX	4 RACE		TE OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
Female	White		09/23/16	68	YRS "	MONTHS DAYS	HOURS MIN
TE BIRTHPLACE INTATE OR FORE		WHAT COUNTRY? 8		9 BALTIMORE CITY O		OF DEATH	
Maryland	U.S		RRIED KNEVER MARRIED DIVORCED DI	BALTO.	Cou	NIN	
IN CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	12b. KIND O	F BUSINESS O
TOWSON	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS	HOSPICE	TYPE OF WORK FOR MOST C			to Co
AL RESIDENCE (IF NURSING				Payroll Su		Dal	to. Co.
019 01000	COUNTY	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		D 3 0	1002
Md Ba	Ito. Co.	Timonium	YES NOX	2116 East	riage	Road 2	1093
ried .	MIDDLE	LAST	FIRST	MIDDLE		LAS	1
Harry C. Wer	The second secon	Ivi cociu escupitiva	Anna	Marchant	cc		
(YES NO OR UNKNOWN)	J.S. ARMED FORCES?  FYES GIVE WAR OR DATES)	166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRE	.55		
No		212 22 895	6 Norman W. Wo	ood sa	me		
CAUSE OF DEATH	nter only one couse per	line far (a), (b), and (c)			9-11	BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS	MEDIATE CAUSE (a)	CANCER	OF THE STOT	MACH			
		R AS A CONSEQUENCE C	SE.				
C 101 11			ic DISEASE				
Conditions, if ony, wl		11161421 HI	LC DISENSE			-	
couse to , stating		R AS A CONSEQUENCE C	OF .				
underlying cause	ost						
PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	EN IN PART 10	0
Z O							
196 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES.	, WERE FINDIN	NGS USED
JIEN C		^		YES T NOT	IN CERTIFY YES	YING CAUSES	OF DEATH?
21a ACCIDENT WAS UNDERLY	ING   THE TIME O	OF INJURY	21c. HOW INJURY OCCUP				
OR CONTRIBUTION TO CALL	E OF DEATH HOUR A	M. MONTH DAY YE	EAR	(2,112)			
IF EITHER NOTIFY MEDICAL E	ACCOUNT TOTAL		TH LOCATION				
21d INJURY OCCURRED	21e PLACE	HET PACIFIES OFFICE TARK STO		CITY OF TO	WN	COUNTY	STATE
WHILE NOT WHILE		1/					
220 I certify that (I) (the	s hospital) ottended (†	e deceased from	9-3 19 85		-22	19 85	that (I) lo
sow the deceased of	live on (did nat) view the bady	19 22 19 88	, and that in (my) out opinion	death occurred an the de	ate and haur	and fram the	causes stated
22b. SIGNATURE	(ald har) view the bady	2	DEGREE		574-111-1	22c. DATE	
		-	ATTENDING	MEDICAL STA		9-2	12 -85-
734 PHYSICIAN'S NAME	AND THE PROPERTY.		22e ADDRESS	DIRECTOR   PHYSIC	IAN U	110	
	DIE NAK	HUNA	13200 701	LANEY VAL	IEVR	D TO	WSON.
					1	10, 10	mo
230. BURIAL, CREMATION, REA	AOVAL 236. DATE	23c. NAME C	OF CEMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		COUNTY	STATE
Burial	09/25	/85 Kride	r's Cemetery	Westmin	ster,	Carrol	1 Co. N
24 FUNERAL DIRECTOR			250 DA	TE REC'D. BY REGISTRAR	25b. REGISTI	RAR'S SIGNAT	URE

Burgee-Henss Funeral Home, 3631 Falls Rd. 21211SEP 26 1985

DHMH - 16 60M 7/B4 (VRA 15, 4) FOR STATE REGISTRAR

# STATE OF MARYLAND

Marzullo Funeral Service Reisterstown, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

	CEASED NAME	FIRST	,	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	N HOUR
1	FRA	-NC	15 J	ames W	RE	NW, Jr.	109-26.	-85		022
3. SE	X	4.	RACE		5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
21	Male		Wh	ite	MONTH		165	MONTE	S DATS I	HOURS MIN
70. B	IRTHPLACE (STATE ORE	FOREIGN 7h	CITIZEN OF	WHAT COUNTRY	2 8	15 40	9 BALTIMORE CITY C	YRS COUNTY OF D	DEATH	
	ennsylvani			S. A.	MARRIEI		Day wi	20 2 0 0	: (	
	ITY OR TOWN OF DEA		I. NAME OF	HOSPITAL NURSI	WIDOWE	D DIVORCED DIVORCED	120 USUAL OCCUPAT	MORE	b. KIND OF	DI ICINIECO C
18				HEACILITY, GIVE STREE			Quality (		Paint	
	AL RESIDENCE (IF NURS		BALT	MORE	CO 6	-EN HOSP	- Quality	OUCLOT	raint	ing
	STATE	13P CONLL		13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		21136
-	aryland	Balt	imore	Reister	rstown	YES NO RE	117 Ben	Mell Hos	rd	
M. E	ATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
1	Francis		James		nn.Sr.	Ann	MODIE			rnev
	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR			
- (	AEALGR INKHOMNI	"Navy	VAR OR DATES	058-32	-2777	Shirley Wre	enn 117Benw	ell Rd.	Reist	ersto
-	THE CAUSE OF BEAT	M.C.A. and		1 4 > (b				T		ATE INTERVAL
	PART I. DEATH W				. /	C		21 2 7	BETWEEN ON	SET AND DE A
100		IMMEDIATE	CAUSE (a)	(es 1)	ine	Calan		-		
CERTIFICATION	Rispo	in Can Co	Farta			NOT RELATED TO THE TERM	ainal disease or con			
FICA	19a DATE OF OPERAT	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING	S USED F DEATH?
ET						T	YES NO	YES 🗌		NO [
	OR CONTRIBUTING C	CAUSE OF DEATH	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	RY IN ITEM 18 PART 1 C	)R PART 2)	
MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO		OUNTY	STATE
Z	WHILE NOT WH	TILE .	(AT HOME STE	REET, FACTORY, OFFICE,	FARM, ETC.)	SIKEET	CITYONIC	, wn	OUNT	STATE
	22a. I certify that (I)		) attended#h	e deceased from		10 F4	10 9	10	PJ. the	at (I) (we) I
	saw the decease	ed alive on	7/2	7 10	85 on	d that in (my) (aur) apinion	death accurred on the d	ate and hour and		
	obove, (1) (we) (c	did) (did not)	view the body	ofter death.		DEGREE			22c. DATE SI	
	(	_	7 /				MEDICAL STA		IN. DATE SI	0.120
	S S S S S S S S S S S S S S S S S S S	7 -			-		DIRECTOR PHYSIC	CIAN		
	22d PHYSICIAN'S NA	-/		- /		22e ADDRESS	11 00			0
	674	7	CoHE	W		711 W. YO	1 3/ .	BALN	. 077	
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY) Cremat	tion	9-26	5-85 Ca	rroll	Cremation Se	r. Hampstea	d Carro	אויי אויי	STATE
24 F	UNERAL DIRECTOR			The State of the		25e Q.▲	TE REC'D, BY REGISTRAR	1730. NECLESTRAGE.	DANDIUM	Kh.
M	arzullo Fur	Lener	Comed -	ADDRESS		76.	EP 27 1995	giria da	Mange	HOUSE BE
- 40	arburto Ful	TOTAL !	PETATCE	neiste	ISTOW	1 PIG	, .500			

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

ATTENDING PHYSICIAN. The low

only the sense often

The factory of the same supported that the same in the

Michigan , I would be a manufacture of the second of the second of the second

the state of the s

2	7'7	04	7
	executed within 24 haurs ofter death. Page 4 may be	nd completely filted in by the figured director, peops 3 one and 3 should be filed within 72 hours after death	夕 小 おおりを大き
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and committee that the by the direction of the base of the burnel-transit permit. Then please remove corbonoperal age and advantable of the little and mental Hygiene prior to burnel, cremation, or removal.	IMPORTANT. If them 21 is marked or them 18 strangony injury, or other troumatic event, the it litted made and in the hoult state of the

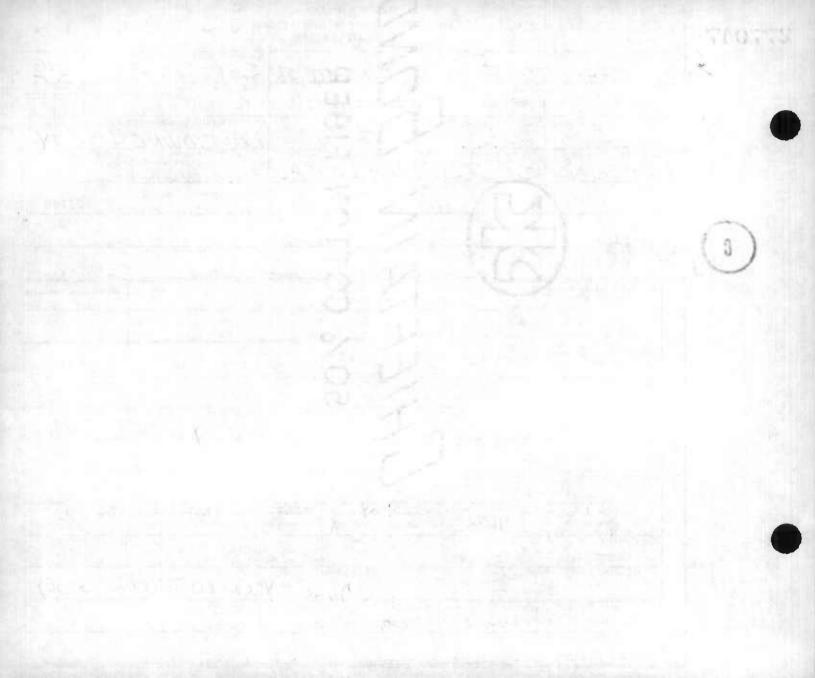
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1				STAT	E OF MARYLAND					
	1	FOR		DEPARTA	MENT OF I	HEALTH AND MENTAL HYG	IENE 8 5	2 4	1 4		
	'	- STATE REGISTRAR			CERTII	FICATE OF DEATH		Chies #			
	1 DE	CEASED NAME FIRST		MIDDLE		LAST	REG. NO		EAR 2b HOUR		
K		E OR PRINTI		*	- 16	1101011-	S CO-	20 1001	TO HOUR ES		
		CHARLI	SF		u	KIGHTIJR	SEPI	30 1985	DAAM		
3	1.5£		4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR				
-		Male	White		Jun	e 29,1913 YEAR	72	YPS	DATS HOURS MIN.		
-	o. Bi	IRTHPLACE (STATE OF FOREIGN)	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	1110	тн		
h		COUNTRY)	77.			NEVER MARRIED	DAITIN	10PE(	OUATTV.		
S		Maryland	U.S		WIDOW	ED DIVORCED DIVORCED	12a USUAL OCCUPATI	ON 125 K	IND OF BUSINESS OR		
V	17	MUSON		HEACHLY GIVE STREET	ADDRESS)	11-0-11	TYPE OF WORK FOR MOST O				
2	1	OW SOIN	01.	100EI	HI	TWITHL	Ret Main	enance			
71	130 S	AL RESIDENCE (IF NURSING HOME OF		134 CITY OR TOW		113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 IP CODE			
2		Maryland		Baltimo	ore	YES NO			21206		
7,		ATHER'S NAME	100			15 MOTHER'S MAIDEN NAM	4706 Valle	y VIOW AV	0		
Ø.	1	FIRST	WIDDIE	LAST		FIRST	MIDDLE		LAST		
	-	Charles	F	Wright S		Blanche	ADDRE	n n	66		
ŋ		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES!	166 SOCIAL SECU	KIIYNO	17 INFORMANT	ADDRE	22			
Ē		No		185-09-6	5564	Mrs Elizabet	h E Wright	Samo	As 130		
1		18 CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), an	d (c))				PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
•		PART I. DEATH WAS CAUS	SED BY			LEPTICUS			2460		
		IMMEDIATE CAUSE (d)									
		Conditions if any which ( CEREBROVASCULAR ACCUBENT 24 M									
		Conditions, if any, which		erm							
		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF			THE RESERVE	24hr		
		underlying cause lost	(c)	CAE	07A	= ARRYTHON	14		24hr		
	103	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RILIO		
	Z	R	ESPIRAT	720:1	2RES						
20	CERTIFICATION	190 DATE OF OPERATION		/ / / /		ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGCHISED		
1	Š	THE DATE OF OPERATION	170 COND	ITION FOR WHICH	OPERATIO	NA AAS PERFORMED	Zuo AUTOFST:	IN CERTIFYING CA	USES OF DEATH?		
-	ΙĒ						YES NO	YES 🗌	NO 🗌		
0	18	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	VE AD	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART I ORPA	RT 2)		
1	¥	OR CONTRIBUTING CAUSE OF D	EATH		AY YEAR						
	MEDICAL	21d INJURY OCCURRED	21e PLACE		19	211. LOCATION					
	ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY OR TO	wn coun	STATE STATE		
		AT WORK			_						
		220.1 certify that (this has	pital) attended th	e deceosed from_	4-4	24 19 85	_ 10 4130		that (we) last		
	100	saw the deceased alive a above: V (we) (did) (did)	on way the body	plter depth	, 0	nd that in (Ty) (our) opinion o	death occurred on the do	ate and hour and Irai	m the couses stated		
		226 SIGNATURE)	X THE BOOK	oner dedin.		DEGREE	3004-14	220.	DATE SIGNED		
		Hoteling	i Ada	valel	21	UD ATTENDING	MEDICAL STAF	F	9-30-85		
+	-	22d. PHYSICIAN'S NAME CTYPE	V -			122e ADDRESS	DIRECTOR   PHYSIC	IAN			
		PATRICI		VADEL		THE ADDRESS	lary on	MIXALI	21204		
		1 / / / / - 1 00	2/1	1000		1 1620	YORK RD	MOSON	91901		
	230 E	BURIAL, CREMATION, REMOVA	1 23b. DATE	23c, N	AME OF	EMETERY OR CREMATORY	23d LOCATION		7		
		(SPECIFY)Burial	10/3	/85	esso	Methodist	COCKONG	COUNTY	STATE		
	_	UNERAL DIRECTOR			TA		COCKEUSV E REC'D. BY REGISTRAR		Maryland		
						200 07111			APT		

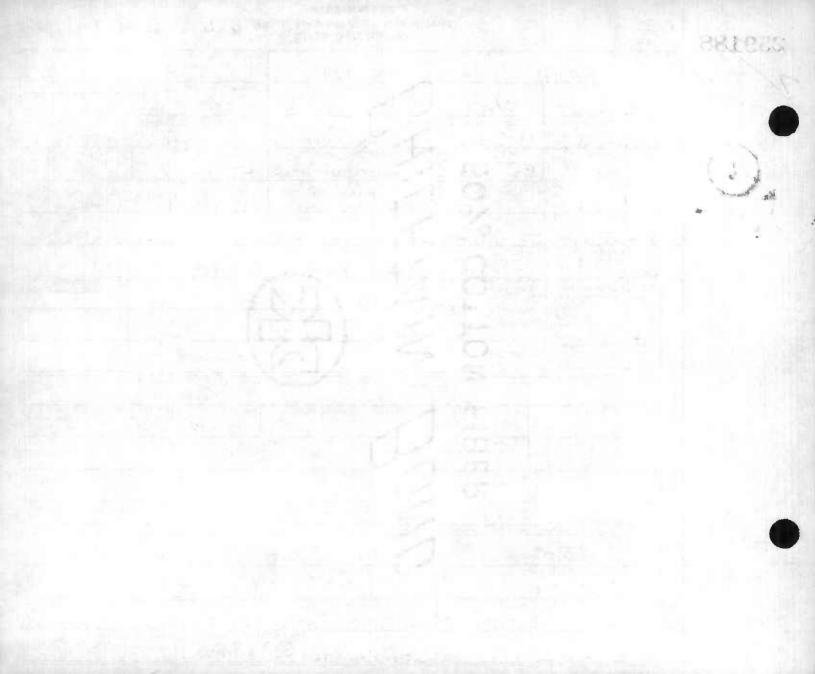
DHMH - 16 60M 7/B4 (VRA 15, 4)

Leonard J Ruck Inc. Baltimore, Maryland

BP.



	1		STAT	E OF MARYLAND		
	l 1.	FOR STATE	DEPARTMENT OF I	IEALTH AND MENTAL HYGI	ENE 8 5 2	4/15
259188		REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
2003		CEASED NAME FIRST	WIDDLE	(AS1		DAY YEAR 26 HOUR
1/21	(TYPE	ORPRINT) Marie		Libert	9	7 25 10 FM M
1/1 10	3. SE		RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
7 25	4	Francis	MONT	H DAY YEAR	20	MONTHS DATE HOURS MIN.
# ## 26	70 B	RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8	- 17- (5	9 BALTIMORE CITY OR COUNTY	OFDEATH
4 TR DO		COUNTRY) .	MARRIE	D NEVER MARRIED	0 - 0	-11
1000	10.5	ARYLAND ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	QUALY MD.
1/ 10 A6	10 C	O I CONNOPDEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	1 11	(TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
1 2		bollimore /	Callimore Coun v 6	eneral Hosp	3MOH TH	
1	13a S	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Y 13c. CITY OR TOWN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	21230
E 41/22	1	Maryland -	Balt, more	YES NO	1930 PARKSL	59 AVZ.
1 1000	14 F	THER'S NAME	DDIF LAST	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE	1
1. 186 DC	1	MARTIN :	T. WHSI AN	ANNA	BAC	MBERGER
0 0 0		VAS DECEASED EVER IN U.S. ARM		17 INFORMANT	ADDRESS	The state of the s
1 12 1/	1	YES NO OR UNKNOWN) (IF YES, GIVE Y	VAR OR DATES)	FAMILY	RECORDS	
2 31 2		18 CALISE OF DEATH (Enter colu	one couse per line for (o), (b), and (c)	T THUNK	· KCONOS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PART I. DEATH WAS CAUSED	BY+: /-	ilure)		BETWEEN ONSET AND DEATH
8 88 5		IMMEDIATE	CAUSE (a)			
40 900			DUE TO, OR AS A CONSEQUENCE OF	ing breatits		
4 1111		Conditions, if any, which gave rise to immediate	(p) 3:10/11/40/80	ing hopolis	(4)	
6 628 8		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
4 日間 2 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日 1 日			(c)			
A Party of the Par	z	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 110
1. 155	TION	196 DATE OF OPERATION	The compliant consulting operation	ALLWAS DEDECTOR OF THE PARTY OF	200 AUTOPSY? 206 IF YES,	, WERE FINDINGS USED
9 414 1	K	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	IN CERTIFY	YING CAUSES OF DEATH?
70 71 90	1 5				YES NO YES	
24 111 × 0	85	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	71c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	(RT   OR PART 2)
2, 111	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19			
20 4 5 5	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Se still se	2	NOT WHILE AT WORK				
10 A 10 E		22a L certify that (I) (this hospita	) ottended the deceased from R	79 65		19, that (II (we) lost
and of the Co		sow the deceased alive an above, (I) (we) (did) (did not)	view the body ofter death	nd that in (my) (our) opinion d	eath occurred on the date and hour	and from the causes stated
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	13	226. SIGNATURE	THE WINE BODY ONE! GEOM!	DEGREE		221 DATE SIGNED
24 25 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W. Known		M C ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/5/25
FUNER PUNER JAN SA	1	22d. PHYSICIAN'S NAME (TYPE OR F	RINT)	22e ADDRESS	CALL AND THE STATE OF THE STATE OF	16165
		J Boston	7	Cato Cour	-y Gen Hosp.	
01 01 X	73n F			EMETERY OR CREMATORY	1234 LOCATION	
BP	0	SPECIFY)	0-9-1907 807	ON ON CREMATORY	CITY OR TOWN	COUNTY STATE
DP	74 FI	URIAL UNERAL DIRECTOR	1 1 100 DAY!	170R2 LS 17	PECID BY REGISTRAPIZED REGISTR	AP'S SIGNATURE
DHMH - 16 60M 7/84	-	NAME	ADDRESS 8801	SEF	REC'D. BY REGISTRAR 256. REGISTR	udson-hander
(VRA 15, 4)	5	vans Chapsi	OF MORIZS HAR	FORD KORD   ULI	1 0 1300	· ·



Reisterstown, Md

Marzullo Funeral Service

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  120 DATE OF DEATH MONTH DAY YEAR 126 HOUR							
	ECEASED NAME FIRST ROSE	MIDDLE	YOUNGER	SETPEMBER 26,					
od . ioi	FEMALE	CAUCASIAN	5. DATE OF BIRTH  DECEMBER 17, 1899	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS				
		7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8 MARRIED NEVER MARRIED WIDOWEDXX DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY					
100	PIKESVILLE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PIKESVILLE NUF	G HOME OR OTHER INSTITUTION ADDRESS) RSING HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) BOOKKEEPER	12b. KIND OF GILBERT INDUSTRY CUMMINS & CO.				
13a. M	ARYLAND STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134 CITY OR TOWN BALTIMOR	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COU 15 CHARLES PLA					
Bar Bar	ATHER'S NAME FIRST  JACOB	GLASS	15 MOTHER'S MAIDEN NA	MIDDLE	FINE				
c 0 0 //	WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN)   [IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECUL E WAR OR DATES) 216-09-52		ELDMAN 3714 PARK	FIELD RD. 21208				
gned by the attending physis in please remave coton paps burial, cremation, ar remaval ry, or ather traumatic event,	Canditions, if any, which gave rise to immediate cause io1, stating the underlying cause last	DUE TO, OR AS A CONSEQUE	in Julmonary and	MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ystan. cate has been signostic has been signostic permit. There Wygiene prior to the Stopes any injury CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)				
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
ther this certificate of the buriol-lith and Mental arked or Item	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
CTOR: 4 I for use . af Heal	220.1 certify that (I) (this haspit	tal) attended the deceased frame		death accurred an the date and ho					
AL DIRE detoched ste Dept T. If Item	27h SIGNATURE	tlema	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	9/27/85				
AN Ste	224. PHYSICIANS NAME (TYPE OF	R PRINT)	22e ADDRESS						

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 9/29/85 BETH TFILOH CEM

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

600 REISTERSTOWN RD.

236. DATE

DR. ALLEN HETTLEMAN

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

1	FOR STATE				NT OF HEALT	MAN LAND H AND MENTAL TE OF DEATH	HYGIENE 8	5	2 4	1119
	REGISTRAR CEASED NAME	FIRST	WIDDLE		LAST	IL OF DEATH	2a DATE	REG. NO.	ONTH DAY	YEAR 26 HOUR
LIAB	Anna Anna		Heller		Yuvel	lier		व 3	9.90	73.05
3 SE	x Female	4 RAC	White		DATE OF BIR	TH DAY YEAR 23 /92	2	NYEARS LAST BIRTHO	YRS IF UN	HOER I YEAR IF UNDER 24 HRS
	Poland	DREIGN 76 CIT	USA		MARRIED [	NEVER MARRIED DIVORCED	, '	MORE CITY OR		e County M
Re	indallstou	n Bal	AME OF HOSPITA NOT IN SUCH FACILITY TIMOTE	AL, NURSING I. GIVE STREET ADI COUNT	HOME OR OT DRESSI 5401 Gener	HER INSTITUTION OIDCOURTS	21133 TYPE OF Y	AL OCCUPATION WORK FOR MOST OF W TOUSCUUF	VORKING LIFE) II	26 KIND OF BUSINESS OF NOUSTRY Domestic
13a.	MD,	Balti		DENCE BEFORE AD Y OR TOWN	e YES		113	TADDRESS / Z		2/208
14 F	Alter'S NAME Alter	WIDDLE	Wé	LAST 212 mal		NOTHER'S MAIDE	N NAME	WIDDLE		LAST Z
	WAS DECEASED EVER II	U.S. ARMED FO JIF YES, GIVE WAR O		S- 28-	- 11	VED KATZ	- 11 B	ADDRESS TICK FOR		21208
	Conditions, if ony, gave rise to imm cause (a), storing underlying cause	MMEDIATE CAU  which ediate		CONSEQUEN	CE OF	bpre	.57			BETWEEN ONSET AND DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGN P C	NOL	FALL CONDITION FO	OHE,	EL	LECTR	DLYT	ED	ILLAI	
	140 DATE OF OPERATI	014	& CONDITION FO	OK WHICH O	PERATION WA	SPERFORMED	YES [			G CAUSES OF DEATH?
	210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF CONTRIBU	AUSE OF DEATH	b. TIME OF INJUR HOUR A.M. MO P.M. e PLACE OF INJU	YAD HTMC	YEAR 19	HOW INJURY OF	CCURRED (ENTE	R NATURE OF INJURY II	NITEM 18 PART 1	OR PART 2)
	WHILE NOT WHILE	E	THOME STREET, FACT		w.ETC.)	STREET		CITY OR TOWN		COUNTY STATE
	22a.1 certify that (1) ( saw the deceased above, (1) (www) (di	d alive on	. 30	19.8	and the	t in (my) (941 op	inian deoth occu	urred an the date		, that (I) (ye) las
	22b. SIGNATURE	Lollan	. Mut	ra	DEGR	ATTENDII PHYSICI	NG MEDIC	AL STAFF OR PHYSICIA	NO	221. DATE SIGNED 9. 30.85
	PUPUS V	WE (TYPE OR PRINT)	m mi	THA	<sup>22</sup> e	ADDRESS	nore	Coo	NTY	HUSPITA

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hebrew Memorial F. H. INC

230 BURIAL, CREMATION, REMOVAL

236 DATE 10-2-85

PENNA.

236. NAME OF CEMETERY OR CREMATORY

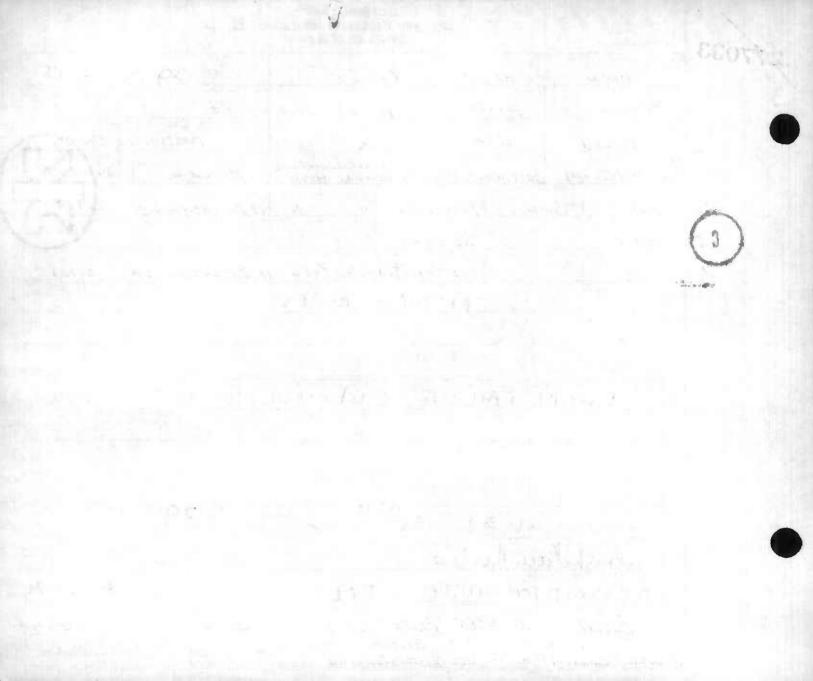
BRITH Sholom

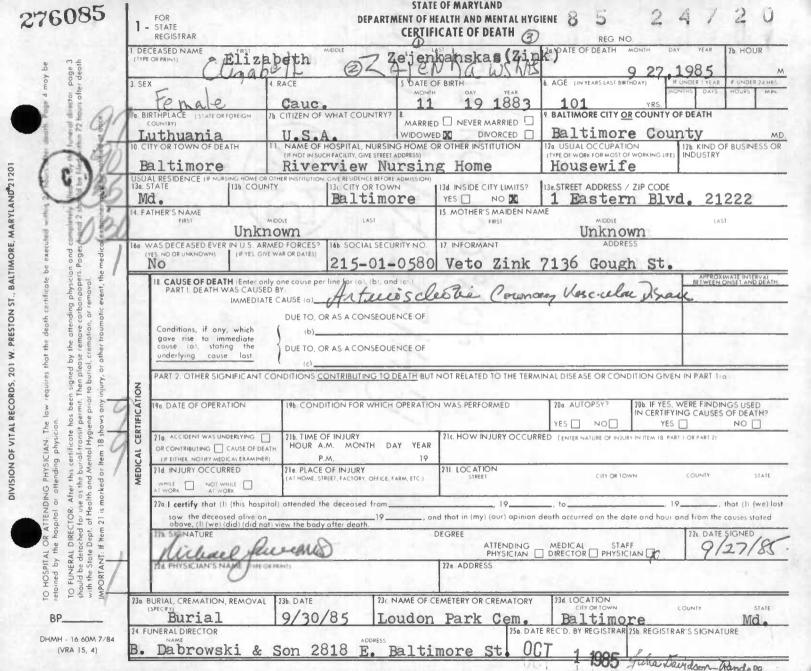
ERIE

ADDRESS BUILTIMORE, MD 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1100 PISTERS TOWN Rd.

DCT 1 935





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Substitution of the substi ATE examinate L. L. 1965 AT I The state of

	FOR STATE REGISTRAR  CEASED NAME FIRST	00994 DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	YEAR 126 HOUR	
	E OR PRINT)		ZELONIS		20.11001	
3 SE		4 RACE	5. DATE OF BIRTH	SEPTEMBER 7, 198	IF UNDER 1 YEAR IF UNDER 24	
1	MALE	WHITE	FEBRUARY 15, 1913	72 YRS.	AONTHS DATS HOURS	
for	IRTHPLACE (STATE OR FOREIGN COUNTRY) ENNSYLVANIA	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9 BALTIMORE COUNTY  BALTIMORE COUNT		
10.0	ORT HOWARD		NG HOME OR OTHER INSTITUTION ADDRESS)	17a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE CHEF	126 KIND OF BUSINES	
3a.	STATE NO. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR 134 CITY OR TOW WALDORF	VN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3315 KITCHEN CT		
0	JOSEPH	MIDDLE ZELONIS	15 MOTHER'S MAIDEN NA FIRST  ANNA	WE	STABINSKY	
7 160	77770	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES) 205 05		ADDRESS CORDS, VAMC, FORT	HOWARD, MD	
	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CONSEOU  (b) COPD  DUE TO, OR AS A CONSEOU  (c)		14	5 YEARS	
injury, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 1 o	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH	
A	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	AY YEAR  19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI > OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I		CITY OR TOWN	COUNTY STAT	
1	22a.   certify that (X)(this has saw the deceased alive a above, (X)(we) (did) (3X)		OCTOBER 1 , 19 84 84 , and that in Xy) (our) opinion		9_84 that iX (we and from the couses state	
	22b. SIGNATURE	noly dan.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22¢ DATE SIGNED 9-7-85	
1	22d PHYSICIAN'S NAME (TYPE	RIVAROLA, M.D.	22e ADDRESS	HOWARD, MD 21052		

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Ave. Baltimore, (VRA 15, 4) Maryland

23b. DATE

9/9/85

230 BURIAL, CREMATION, REMOVAL

Buria1

St. Louis Cemetery Butler Township

256. Date Rec'd. By Registran 256. Registran's Signature

SEP 9 1985 Pennslyvania us Day son- gandell

23d. LOCATION CITY OR FOWN

COUNTY

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## DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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COOLOO	REGISTRAR			CERTIFICATE OF DEATH					REG. NO.				
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V 100	130	STATE	The COUNTY		13c CITY OR TOW		134 INSIDE CITY LIMITS?		ADDRESS / ZIP CO				
	_	Md.	Balti	more	Parkvill	.e	YES NO X		7 Old Har	tord Rd.	21234		
4 11/12/	14 FA	THER'S NAME	MID	DLE	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE	LAS	T.		
1 11/200		William			egler		Amelia			Miller			
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F 5 F 4 > 7	23o l	BURIAL, CREMATION, RE	MOVAL	23b. DATE	23r. N	AME OF C	EMETERY OR CREMATORY		ATION	COUNTY	STATE		
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	24 F	JNERAL DIRECTOR		-	,		250. D		DECIETRADIAL DEC	TIETDADIC CICALAT	LIDE		
DHMH - 16 60M 7/84		Leonard T	Duck	Tna	ADDRESS	10.		VER 1	- 100+	JISTRAK'S SIGNAT	- Mandala		
(VRA 15, 4)	Leonard J. Ruck Inc. Baltimore, Maryland												